

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
63216Registration District No. 604 Registered No. 85

(For use of Local Registrar)

(2) Full Name of Child William Simmons If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in case of Twins or Triplets(6) Are Parents Married? No(7) DATE OF BIRTH June 12, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don't know

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Regina Simmons(15) PRESENT POSTOFFICE OF MOTHER Prognon, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 18 (Years) about(18) BIRTHPLACE S. C.(19) OCCUPATION Farm labor(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)By Julia Simmons(23) (Signature) Mary(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Prognon, S.C.

Given name added from a supplemental report

2205 15 1916C. W. Miller Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/14 1916

(28)

Geo. H. Crocker Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCauley, of Columbia.