

(1) PLACE OF BIRTH
County of Charleston
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar only
48341

Inc. Town of Registration District No. 9A Registered No. 170
(For use of Local Registrar)
City of Charleston S.C. (No. 38 Goddard St.; 4 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Pomphia Freeman { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? no (5) Number in order of birth 9 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 16 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Freeman
(9) PRESENT POSTOFFICE OF FATHER Charleston
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE John's Island S.C.
(13) OCCUPATION Freeman
(14) Number of children born to mother, including present birth 9

MOTHER.
(14) NAME BEFORE MARRIAGE Rosa Simmons
(15) PRESENT POSTOFFICE OF MOTHER Charleston
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Edisto Island S.C.
(19) OCCUPATION washer
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born alive at 10:45 (Hour A. M. or P. M.) on the date above stated.
(23) (Signature) Philippa Simms
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Monticourt

Given name added from a supplemental report 191....
..... Registrar
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 2/17 1916 J. Marcell Green 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.

N. B.—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.