

(1) PLACE OF BIRTH

County of HorryTownship of Shawboroor
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

4249

Registration District No. 2298 Registered No. 25

(For use of Local Registrar)

(2) Full Name of Child Louise S. Simmons If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? X

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 13 1913
(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White(11) BIRTHPLACE Tubers, S.C.(12) OCCUPATION Merchant(13) Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(14) I hereby certify that I attended the birth of this child, who was born at Shawboro on the date above stated. (Hour alive or stillborn) (Hour A. M. or P. M.)(15) (Signature) Dr. J. H. Smith(16) State whether Physician or Midwife (17) Address of Physician or Midwife Shawboro, S.C.

(18) Name added from a supplemental report

(19) Witness

(Signature of Witness necessary only when question 20 is signed by mark)

(20) Filed Jan 15 1913 (21) E. J. H. Smith Local Registrar

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

If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.