

Form No. 10. MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH

County of Symter

Township of Providence

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
50583

Registration District No. H105

Registered No. 19
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Simon Twitty

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 2</u> <u>1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Twitty
(9) PRESENT POSTOFFICE OF FATHER Symter S.C. R.R. No. 4
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Cornilla Rappas
(15) PRESENT POSTOFFICE OF MOTHER Symter S.C. R.R. No. 4
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5-2-M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Katie E. Nelson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Symter S.C. R.R. No. 4

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness Mrs. Eva Burkette
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 23 1916 (28) D. McLaughlin 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.

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