

FORM NO. 2.

(1) PLACE OF BIRTH

County of

Township of

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

46097

Registration District No. 1813 Registered No. 6
(For use of Local Registrar)

(2) Full Name of Child

Emiline Simpkins

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

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan. 14, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Watt Simpkins

(9) PRESENT POSTOFFICE OF FATHER

Edgewise

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

32
(Years)

(12) BIRTHPLACE

Edgewise Co

(13) OCCUPATION

Farm Hand

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Marie Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Edgewise

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

21
(Years)

(18) BIRTHPLACE

Edgewise Co

(19) OCCUPATION

House Duties

(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 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 15 1916 (28) W. A. Williams Local Registrar

MARGIN RESERVED FOR BINDING.
WHITE PLAINIA. 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.
Review of Columbia

*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.