

## (1) PLACE OF BIRTH

County of *Winfree*Township of *Ebenizer*

Inc. Town of

City of

(No. .... St.; .... Ward)  
(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

52155

Registration District No. *2063* Registered No. *37*  
(For use of Local Registrar)2) Full Name of Child... *Marcus Simo* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Mar. 28* 191*6*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *David Simo*(9) PRESENT POSTOFFICE OF FATHER *Ebenizer*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *24* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farm laborer*(20) Number of children born to mother, including present birth *4*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Rulah Muldrow*(15) PRESENT POSTOFFICE OF MOTHER *Ebenizer*(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *20* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Farm laborer*(21) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Rose X. Filder*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Ebenizer*

Given name added from a supplemental report

(26) Witness *R. L. Reaves*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Mar 29 1916* (28) *R. L. Reaves* 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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BORN No. 10. 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.

County of Columbia