

(1) PLACE OF BIRTH

County of *Edgefield*
 Township of *Colliers*
 or
 Inc. Town of
 or
 City of

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

File No. — For State Registrar Only
48897

Registration District No. Registered No. *7*
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *J. P. Simpkins* 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? (7) DATE OF BIRTH *Feb 1 1916*
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *George Simpkins*
 (9) PRESENT POSTOFFICE OF FATHER *Colliers*
 (10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *34*
 (Years)
 (12) BIRTHPLACE *S. C.*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth } *9*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Greene*
 (15) PRESENT POSTOFFICE OF MOTHER *Colliers*
 (16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *30*
 (Years)
 (18) BIRTHPLACE *S. C.*
 (19) OCCUPATION *House duties*
 (21) Number of children of this mother now living, including present birth } *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *George Wm. Simpkins*
 (24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *Feb. 9 1916* (28) *T. E. Miller*
 Local Registrar.

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.
 McCaw, 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.