

FORM NO. 10. MARGIN RESERVED FOR BINDING. WHITE PAPER. 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 Crawford
 Township of Holly Hill
 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
50130

Registration District No. 3609 Registered No. 108
 (For use of Local Registrar)

City of (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 Ray Decca Simee } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 1 31 16
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James Simee
 (9) PRESENT POSTOFFICE OF FATHER Holly Hill
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 11

MOTHER.
 (14) NAME BEFORE MARRIAGE Clara McKeon
 (15) PRESENT POSTOFFICE OF MOTHER Holly Hill
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Ella G. Williams, Midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness Essie McKeon (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1 31 16 (28) J. McKeon 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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