

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.

McGraw, of Columbia.

## (1) PLACE OF BIRTH

County of Chas., S.C.  
 Township of Chas., S.C.  
 or  
 Inc. Town of Chas.  
 or  
 City of Chas.  
 (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

75951

Registration District No. 9A Registered No. 922

(For use of Local Registrar)

(No. 70 Amherst St. 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. .... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 3(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 4, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Bessie G. Hamilton Simpson

(9) PRESENT POSTOFFICE OF FATHER

704 Amherst St. Charleston, S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 29

(Years)

(12) BIRTHPLACE

Belvidere, N.C.

(13) OCCUPATION

clerk(20) Number of children born to mother, including present birth { ..... 3 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bulah Marie Murray

(15) PRESENT POSTOFFICE OF MOTHER

704 Amherst St. Charleston, S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 24

(Years)

(18) BIRTHPLACE

Summersville, S.C.

(19) OCCUPATION

Housewife(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 ..... 8:30 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles P. Ainsworth

(24) State whether Physician or 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 9/5 1916

(28)

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.