

Form No 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54173

County of YorkTownship of Columbia

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.)

Registration District No. 4404Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child Hermette Sims

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

To be answered only in event of Twin or Triplet

(6) Are Parents Married? No

(7) DATE OF BIRTH

3 30 6

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jim Sims

(9) PRESENT POSTOFFICE OF FATHER

Rocky Mount

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Laborer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

MOTHER.

Abigail McGehee

(15) PRESENT POSTOFFICE OF MOTHER

Rocky Mount

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm Laborer

(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 born at Rocky Mount (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

S. P. M.

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

MidwifeRocky Mount

Given name added from a supplemental report

(26) Witness

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

J. P. M.

(27) Filed

4/11

1906

(28)

J. P. M.

Local Registrar

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. R.—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 3.
McCaw, of Columbia.