

Form No. 1

1. PLACE OF BIRTH

County of Richland

Township of _____

or
Inc. Town of _____

or
City of Columbia, SC

(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

Registration District No. 38-A

FILE No.—For State Registrar Only

#44344-B

Registered No. 1717

(For use of Local Registrar)

(No. 927 Main St. St.; _____ Ward)

2. FULL NAME OF CHILD Ethel Victoria Simmons

If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL Girl
4. Twin or Triplet Twins
5. Number in order of birth _____
6. Are Parents Married? yes
7. DATE OF BIRTH December 16, 19 15
(Name of Month) (Day) (Year)

FATHER

8. FULL NAME Louis Simmons

9. ADDRESS AT CHILD'S BIRTH Columbia, S.C.

10. COLOR OR RACE Colored
11. AGE AT CHILD'S BIRTH 29
(Years)

12. BIRTHPLACE Sandersville, Ga.

13. OCCUPATION Painter

20. Number of children born to mother, including present birth 5

MOTHER

14. NAME BEFORE MARRIAGE Lottie Bell

15. ADDRESS AT CHILD'S BIRTH Columbia, S.C.

16. COLOR OR RACE Colored
17. AGE AT CHILD'S BIRTH 32
(Years)

18. BIRTHPLACE Fairfield County

19. OCCUPATION dress make

21. Number of children by 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 3a. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

23. Signature Susan Smith

24. State whether Physician or Midwife midwife

25. Address of Physician or Midwife 1920 Harden St.

Given name added from a supplemental report

194. _____

Registrar

26. Witness _____

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

27. Filed _____

1-3-

19

16

28.

E.C. McGreiger

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.

Columbia, S.C.

STATE HEALTH OFFICER
BEN F. WYMAN, M.D.

(1) PLACE OF BIRTH

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Township of

or Inc. Town of

City of Columbia S.C.

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Bureau of Vital Statistics

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File No.—For State Registrar Only

44344

Registration District No. 38Registered No. 1717

(For use of Local Registrar)

(2) Full Name of Child Ethel Ester Simmons

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl(4) Twin or Triplet? twins

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 16, 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Louis Simmons(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29(12) BIRTHPLACE Sandersville Ga(13) OCCUPATION painter(14) NAME BEFORE MARRIAGE Fattie Bell(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 32(18) BIRTHPLACE Fairfield Co(19) OCCUPATION dress maker(20) Number of children born to mother, including present birth five(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was live at 3 o'clock on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Suzanne Smith(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife 1920 Harden St

Given name added from a supplemental report

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(26) Witness Amie Brown

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

(28) (Signature of Registrar)

(29) (Signature of 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.

See certificates for Jimmie Ester & Ethel Simmons

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