

MARGIN RESERVED FOR BINDING.

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston  
Township of Wadmalaw  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9/3 Registered No. 46  
(For use of Local Registrar)

File No.—For State Registrar Only  
**76155**

(2) Full Name of Child Sarah Jane Simons (If child is not yet named, make supplemental report as directed)

(3) <input checked="" type="checkbox"/> BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 15-6</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Julius Simons  
(9) PRESENT POSTOFFICE OF FATHER Martine Point, A.C.  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 43  
(Years)  
(12) BIRTHPLACE Wadmalaw, A.C.  
(13) OCCUPATION Ham Labor  
(20) Number of children born to mother, including present birth 9

**MOTHER.**

(14) NAME BEFORE MARRIAGE Sarah Ann Mikell  
(15) PRESENT POSTOFFICE OF MOTHER Martine Point, A.C.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28  
(Years)  
(18) BIRTHPLACE Wadmalaw, A.C.  
(19) OCCUPATION Ham Labor  
(21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive ..... at ..... 3 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julius X Simons  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....

Registrar

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

(27) Filed Sept 23 1914 (28) J. F. Szymanski  
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.