

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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of Wadswold
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
76155

Registration District No. 913 Registered No. 46
(For use of Local Registrar)
(No. St.; Ward)

(2) Full Name of Child Sarah Jane Simons (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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 15, 1914
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Julius Simons
(9) PRESENT POSTOFFICE OF FATHER Martins Point, A.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 43 (Years)
(12) BIRTHPLACE Wadswold, 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 Martins Point, A.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Wadswold, 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 Simons
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
..... 19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 23, 1914 (28) J. S. Simonski 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.