

Form No. 1

(1) PLACE OF BIRTH

County of *Pickens*

Township of

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.)

(2) Full Name of Child *Perline Simmons*

File No.—For State Registrar Only

65950

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *3706*Registered No. *66*

(For use of Local Registrar)

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <i>June 1, 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *J. A. Simmons*(9) PRESENT POSTOFFICE OF FATHER *Pickens, S.C.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *20* (Years)(12) BIRTHPLACE *Pickens, S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Leanie Day*

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *18* (Years)(18) BIRTHPLACE *Pickens, S.C.*

(19) OCCUPATION

(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 *alive* at *9:30 a.* M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) *J. A. Simmons* Father(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Pickens, S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed *June 3, 1916* (28) *B. S. Johnson* 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.

WRITER 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

Law of Columbia