

## (1) PLACE OF BIRTH

County of GreenvilleTownship of FranklinInc. 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. 2205 Registered No. 49

(For use of Local Registrar)

(2) Full Name of Child. Strick Brown Sims

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

(3) <input checked="" type="checkbox"/> BOY <input type="checkbox"/> GIRL?	(4) Twin <input checked="" type="checkbox"/> Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 18, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>H. E. Sims</u>			(14) NAME BEFORE MARRIAGE <u>Nora Lee Weeks</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Fountain Inn</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Fountain Inn</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Jones(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Ridges, S. C.Given name added from a supplement  
report

..... 191.....

Registrar

(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed June 25, 1916 (28) C. D. Smith  
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.

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 N. No. 1. THE OTHER, No. 2, etc., in question 8.

McCaw, of Columbia