

(1) PLACE OF BIRTH

County of Kalamazoo
 Township of #3
 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 Registry Only

2419

Registration District No. 3-2-1 Registered No. 8
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Chas. Simons

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

(3) SEX OR GIRL Male (4) Twin or Triplet _____ (5) Number in order of birth _____ (6) Age _____ Months _____ Days _____ (7) DATE OF BIRTH Nov 26, 1912
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME _____
 (9) PRESENT POSTOFFICE OF FATHER _____
 (10) COLOR OR RACE _____ (11) AGE AT LAST BIRTHDAY _____ (Last)
 (12) BIRTHPLACE _____
 (13) OCCUPATION _____
 (14) Number of children born to mother, including present birth _____

MOTHER

(15) NAME BEFORE MARRIAGE Chas. Simons
 (16) PRESENT POSTOFFICE OF MOTHER John St. Al
 (17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 36 (Last)
 (19) BIRTHPLACE Kalamazoo, S.C.
 (20) OCCUPATION House Keeping
 (21) Number of children of the mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John St. Al(24) State whether Physician or Midwife(25) Address of Physician or Midwife John St. Al

Check name added from a supplemental report

(26) Witness _____

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Nov 7, 1912 at S.P. Local Registrar

When there was no attending physician or midwife, then the father, household, 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.