

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.

McCaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH

County of Charleston

Township of St. Andrews

or
Inc. Town of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76133

Registration District No. 908

Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child Lilly Simmons { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? 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? No

(7) DATE OF BIRTH Sep. 27, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cumsey Simmons

(9) PRESENT POSTOFFICE OF FATHER Johns Island

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE St Andrews

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Sawyer

(15) PRESENT POSTOFFICE OF MOTHER Johns Island

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 15 (Years)

(18) BIRTHPLACE Not Obtainable

(19) OCCUPATION Laborer

(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 Johns Island on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rena H. Rogers and

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Johns Island

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

(27) Filed Oct 5, 1916 (28) L. B. Linch Local Registrar

Given name added from a supplemental report

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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.