

(1) PLACE OF BIRTH

County of BeaufortTownship of Sheldonor
Inc. Town ofor
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

63202

Registration District No. 603A Registered No. 43

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Mary Simmons

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 9 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Ben Simmons(9) PRESENT POSTOFFICE OF FATHER R.F.W. Seabrook, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Beaufort, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Buran Brown(15) PRESENT POSTOFFICE OF MOTHER R.F.W. Seabrook, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Beaufort, S.C.(19) OCCUPATION Farmer's wife(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carver(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife R.F.W. Seabrook, S.C.

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness W. H. Taylor
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filled June 12 1916 (28) Mar. Kapp
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.

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.