

(1) PLACE OF BIRTH

County of *Beaufort*Township of *St. Helena*

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of St. Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
63223Registration District No. *14* Registered No. *93*

(For use of Local Registrar)

(2) Full Name of Child *Darwin Simmons* 4. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <i>June 30</i> 191 <i>5</i>
To be answered only in event of twins or triplets			(Name of Month) (Day) (Year)	

FATHER.

(8) FULL NAME *Darwin Simmons*(9) PRESENT POSTOFFICE OF FATHER *Tryon, S.C.*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *36* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *8*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lucia White*(15) PRESENT POSTOFFICE OF MOTHER *Tryon, S.C.*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *30* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Homemaker*(21) Number of children of this mother new living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *S.A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *D. J. Tucker*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Tryon, S.C.*

Given name added from a supplemental report

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Registrar

(26) Witness *A. J. Davis* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *7/10* 191*5* (28) *D. J. Tucker* Local Registrar

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

*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.