

(1) PLACE OF BIRTH  
County of Richland

Township of .....

or Inc. Town of ColumbiaCity of Columbia

(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 HealthFile No.—For State Registrar Only  
**31916**Registration District No. 38Registered No. 1705

(For use of Local Registrar)

(2) Full Name of Child Ralph J. Simmons { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sep. 17, 1912  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mr. E. Kenley Simmons(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Sandersville, Ga.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth { ..... 3 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Adeline Jenkins(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Hubline, Ga.(19) OCCUPATION Teacher(21) Number of children of this mother now living, including present birth { ..... 3 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife, 1507. Hugger, St.

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

Given name added from a supplemental report

(26) Witness Louise Wallace  
(Signature of Witness necessary only when question 23 is signed by mark)

..... 191.....

(27) Filed 9-29 1912 (28) ..... 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.