

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lee</u>		STATE OF SOUTH CAROLINA		90689	
Township of <u>Bishopville</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>3000</u>		Registered No. <u>138</u>	
(No. .... St.; .... Ward)				(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 <u>Not Named</u>		{ 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> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 4, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Thomas Simpkins</u>			(14) NAME BEFORE MARRIAGE <u>Catherine Scott</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Bishopville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bishopville S.C.</u>		
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>Orangeburg Co</u>			(18) BIRTHPLACE <u>Lee</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Home Duties</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was ..... Sat. 30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Eliza Williams</u>					
(24) State whether <u>Physician</u> or Midwife					
(25) Address of Physician or Midwife <u>Bishopville S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>Mrs. N. J. Loney</u> (Signature of Witness necessary only when question 22 is signed by mark)		
....., 19 .....			(27) Filed <u>Dec 5, 1916</u>		
Registrar			(28) <u>Mrs. N. J. Loney</u> 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.