

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		State Board of Health			
Inc. Town of		Registration District No. <u>2000</u>		Registered No. <u>138</u>	
or				(For use of Local Registrar)	
City of		(No. St.; Ward)			
(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	(4) Twin or Triplet? 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 <u>5:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Eliza Williams</u>			(25) Address of Physician or Midwife <u>Bishopville S.C.</u>		
(24) State whether <u>Physician</u> or Midwife					
Given name added from a supplemental report			(26) Witness <u>Mrs. N. J. Loney</u> (Signature of Witness necessary only when question 26 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.					