

(1) PLACE OF BIRTH

County of UnionTownship of Fish DamInc. Town of Registration District No. 4203 Registered No. 33
(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 Frank Sims { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 8 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wash Sims(9) PRESENT POSTOFFICE OF FATHER Carlsruhe(10) COLOR OR RACE Red (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { 7 }

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Hamilton(15) PRESENT POSTOFFICE OF MOTHER Carlsruhe(16) COLOR OR RACE Red (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 5 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Frances De Gennett

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

Carlsruhe, S.C.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 25 1916 (28) P. H. Jeter 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.

MARGIN RESERVED FOR BINDING. WRITE FULLY, 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.

Caw. of Columbia.

File No.—For State Registrar Only

75010