Form No. 1

(1) PLACE OF BIRTH

County of Colleton

Township of Evanin

or

Inc. Town of .....

or

City of .....

(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 Health

File No.—For State Registrar Only

10718

Registration District No. 1410

Registered No. 1

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child John Simmons

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?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		6	Yes	June 6, 1902

FATHER.

(8) FULL NAME Elias Simmons

(9) PRESENT POSTOFFICE OF FATHER Jacksonboro S C

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Common Laborer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lavinia Washington

(15) PRESENT POSTOFFICE OF MOTHER Jacksonboro S C

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sophie Manard

(24) State whether Physician or Midwife: Mid

(25) Address of Physician or Midwife: Jacksonboro S C

Given name added from a supplemental report

..... 19 Registrar

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

(27) Filed May ..... 1902 (28) Louise Padgett 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.

DISTRICT OF COLUMBIA. CERTIFICATE OF LIVING CHILD, FIRST-BORN, No. 1. THIS OFFICIAL No. 2, etc., in question 5. (1) PLACE OF BIRTH. use a SEPARATE BLANK FOR EACH CHILD, and mark (to