

Form No. 1

## (1) PLACE OF BIRTH

County of BeaufortTownship of Atlantic

Inc. Town of .....

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

63226

Registration District No. 604 Registered No. 96

(For use of Local Registrar)

(2) Full Name of Child Theresa Simmons

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 30 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Anderson Simmons(9) PRESENT POSTOFFICE OF FATHER Ferguson St(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE St. L.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Edith Warren(15) PRESENT POSTOFFICE OF MOTHER Ferguson St(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE St. L.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 M. on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)(23) (Signature) Edith Warren(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

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Registrar

(26) Witness A. E. Dukes  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 1 1916 (28) Edith Warren 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.

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.  
McCaw, of Columbia