

PLACE OF BIRTH

County of Richland

Township of _____

or _____

City of Columbia, S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

#44344-A

Registration District No. 38-ARegistered No. 1717

(For use of Local Registrar)

Ward) _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

1 FULL NAME OF CHILD Ester Lenora Simmons { If child is not yet named, make supplemental report as directed.2 SEX OF CHILD Girl 3. Are Parents Married? yes 7. DATE OF BIRTH December 16, 1915
(Name of Month) (Day) (Year)4. Twin or Triplet? Twins 5. Number in order of birth 29 6. Are Parents Married? yes 7. DATE OF BIRTH December 16, 1915
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

1 FULL NAME Louis Simmons2 ADDRESS AT CHILD'S BIRTH Columbia, S.C.3 COLOR OR RACE Colored 11. AGE AT CHILD'S BIRTH 29 12. BIRTHPLACE Sandersville, Ga.
(Years)13. BIRTHPLACE Sandersville, Ga.14. OCCUPATION Painter15. Number of children born to mother, including present birth 5

MOTHER

14. NAME BEFORE MARRIAGE Lottie Bell15. ADDRESS AT CHILD'S BIRTH Columbia, S.C.16. COLOR OR RACE Colored 17. AGE AT CHILD'S BIRTH 32
(Years)18. BIRTHPLACE Fairfield County19. OCCUPATION dress maker20. Number of children by this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

21. I hereby certify that I attended the birth of this child, who was born alive at 3A. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.23. Signature Susan Smith24. State whether Physician or Midwife midwife25. Address of Physician or Midwife 1920 Harden St.

Give name added from a supplemental report

194

Registrar

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

27. Filed 1-3- 19 16 28. E.C. McGreiger
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.