

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.

McRAW OF COLUMBIA, COLUMBIA, S. C.

Form No. 2

(1) PLACE OF BIRTH

County of Clayton
Township of "
or
Inc. Town of "
or
City of " (No. St.; Ward)
(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
88516

Registration District No. 600 Registered No. 1120
(For use of Local Registrar)

(2) Full Name of Child

Nekeena Simmons (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 4, 1916
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James Simmons</u>	(14) NAME BEFORE MARRIAGE <u>Mother Brown</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Gray Hill SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gray Hill SC</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>A. C.</u>	(18) BIRTHPLACE <u>A. C.</u>	(13) OCCUPATION <u>Laborer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>9</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) E. E. Brown (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gray Hill SC

Given name added from a supplemental report

(26) Witness Miss Nina Ray (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Dec 14, 1916 (28) W. M. Davis 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.