

Form No. 10.

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.

(1) PLACE OF BIRTH
 County of Bamberg Co. **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Township of Coxfords Bridge Bureau of Vital Statistics
 State Board of Health
 Inc. Town of Registration District No. 401 Registered No. 9
 or (For use of Local Registrar)
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
48077

(2) Full Name of Child Hattie 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 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 20 1918
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Thomas Simmons
 (9) PRESENT POSTOFFICE OF FATHER Govan S. C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 53 (Years)
 (12) BIRTHPLACE Bamberg Co.
 (13) OCCUPATION farm laborer
 (14) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Mabel
 (15) PRESENT POSTOFFICE OF MOTHER Govan S. C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Ferdsonville, N. C.
 (19) OCCUPATION farm laborer housewife
 (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 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) L. J. ... Washington
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Govan

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness Mrs. C. B. Ray
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb. 18 1918. (28) C. B. Ray 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.
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