

Form No 1.

(1) PLACE OF BIRTH

County of BeaufortTownship of Yemassee

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

58814

Registration District No. 408 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Adenita L. Simon

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 29, 1914</u>
<small>To be answered only in case of twins or triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME Charles L. Simon(9) PRESENT POSTOFFICE OF FATHER Stardewville(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Beaufort(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Kinda Hardin(15) PRESENT POSTOFFICE OF MOTHER Stardewville(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Beaufort(19) OCCUPATION —(20) 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 born at Stardewville on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adenita L. Simon(24) State whether Physician or Midwife (25) Address of Physician or Midwife Stardewville

Given name added from a supplemental report

(26) Witness E. L. B. Hoyle (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 5, 1914 (28) E. L. B. Hoyle 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.

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.

(Cav. of Columbia)