

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, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of James Island
or
Inc. Town of
or
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

41365

Registration District No. 904 Registered No. 94
(For use of Local Registrar)

(2) Full Name of Child Julia 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) Are Parents Married? yes (7) DATE OF BIRTH Dec. 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Shezekiah Simmons
(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C. R. 1
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE James Island, S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Heyward
(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C. R. 1
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE James Island, S.C.
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion Hamilton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Charleston, S.C. R. 1

Given name added from a supplemental report

(26) Witness A. Church

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

(27) Filed 28 Dec. 1922

(28)

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.