Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
85501

(1) PLACE OF BIRTH
County of Fairfield
Township of 12
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.)

Registration District No. 1916 Registered No. 72
(For use of Local Registrar)

(2) Full Name of Child. Samuel Simmons { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			Yes	Oct 14, 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME George Simmons
(9) PRESENT POSTOFFICE OF FATHER Winnsboro S C
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 41 (Years)
(12) BIRTHPLACE Fairfield S C
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 11

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Robertson
(15) PRESENT POSTOFFICE OF MOTHER Winnsboro S C
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Fairfield S C
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 30 (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) Sallie Gladney
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Winnsboro S C

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

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

(27) Filed Oct 14, 1916 (28) W. R. Aiken
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.

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.