

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

No. 2.—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.

McGraw, of Columbia.

(1) PLACE OF BIRTH
County of Charleston
Township of
OR
Inc. Town of
OR
City of Charleston
(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
45573

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

(3) BOY OR GIRL girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 19, 1906
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jas Simmons
(9) PRESENT POSTOFFICE OF FATHER Chas. S. C.
(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION laborer
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Christina Nesbit
(15) PRESENT POSTOFFICE OF MOTHER Chas. S. C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 3 A. M.
on the date above stated.

(23) (Signature) J. L. Taylor
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Proper Hospital

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 1/20 1916 (28) J. Mercer Green 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.