

FORM NO. 6  
MARGIN RESERVED FOR BONDING.  
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

(1) PLACE OF BIRTH  
County of Richland  
Township of .....  
OR  
Inc. Town of .....  
OR  
City of Columbia .....  
(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

47187

Registration District No. 39A Registered No. 1050  
(For use of Local Registrar)

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

(3) BOY OR GIRL? B (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 30 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Samuel Zimmerman  
(9) PRESENT POSTOFFICE OF FATHER Columbia SC  
(10) COLOR OR RACE Wh (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE Id.  
(13) OCCUPATION Bookkeeper  
(20) Number of children born to mother, including present birth { ..... 2 .....

MOTHER.  
(14) NAME BEFORE MARRIAGE Alma Newman  
(15) PRESENT POSTOFFICE OF MOTHER Columbia SC  
(16) COLOR OR RACE Wh (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE Id.  
(19) OCCUPATION .....  
(21) Number of children of this mother now living, including present birth { ..... 2 .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive ..... at 1:30 P ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
MD Columbia SC.

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 2/5 1916 (28) [Signature]

\*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.

REGISTRAR  
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