

Form No. 1.

(1) PLACE OF BIRTH
 County of Calhoun
 Township of Amelia
 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 Registry Only
48244

Registration District No. 500 Registered No. 165
 (For use of Local Registrar)
 No. 165 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Isaac Simmons

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 12, 1916
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Thomas Simmons (9) PRESENT POSTOFFICE OF FATHER St. Matthews (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years) (12) BIRTHPLACE South Carolina (13) OCCUPATION Farm Laborer (14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 7

MOTHER: (14) NAME BEFORE MARRIAGE Anna Christine (15) PRESENT POSTOFFICE OF MOTHER St. Matthews (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years) (18) BIRTHPLACE South Carolina (19) OCCUPATION Domestic Laborer (20) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (21) I hereby certify that I attended the birth of this child, who was Alive, at 8 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 (22) (Signature) S. L. Matthews
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report
 (25) Witness ICR Rata (Signature of Witness necessary only when question 22 is signed by mark)
 (26) Filed Feb. 19, 1916 (27) ICR Rata 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.