

(1) PLACE OF BIRTH

County of BeaufortTownship of Sheldonor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eddie Simmons(3) BOY OR
GIRL? Boy(4) Twin
or Triplet? +(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? M.(7) DATE OF
BIRTH June 26, 1916
(Name of Month) (Day) (Year)(8) FULL
NAME William Simmons(9) PRESENT
POSTOFFICE
OF FATHER Seabrook North(10) COLOR
OR
RACE Negro (11) AGE AT LAST
BIRTHDAY 21
(Years)(12) BIRTHPLACE Beaufort Co.(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 4(14) NAME BEFORE
MARRIAGE Silvia Greenwood(15) PRESENT
POSTOFFICE
OF MOTHER Sheldon SC(16) COLOR
OR
RACE Negro (17) AGE AT LAST
BIRTHDAY 21
(Years)(18) BIRTHPLACE Beaufort Co.(19) OCCUPATION Farmer(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 White at 5 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Annie L. Jones(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Sheldon SCGiven name added from a supplemen-
tal report

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Registrar(26) Witness Ros B. B. B. B. B.
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed July 2, 1916 (28) A. V. V. V. V.
Local Registrar*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If
a child breathes ever once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE PLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
63212Registration District No. 63 Registered No. 49
(For use of Local Registrar)