

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.
McGaw, of Columbia.

FORM NO. 3.

(1) PLACE OF BIRTH

County of

Township of

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 Registrar Only

58798

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 10, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Washington T. Simon

(9) PRESENT POSTOFFICE OF FATHER

Ferguson S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

St. Helena S.C.

(13) OCCUPATION

Farmers

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Virginia T. Simon

(15) PRESENT POSTOFFICE OF MOTHER

Ferguson S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

St. Helena S.C.

(19) OCCUPATION

Farmers

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Chas. A. G. [Signature]

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Ferguson S.C.

Given name added from a supplemental report

191

(26) Witness

[Signature] (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

May 10, 1916

(28)

[Signature] 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.