

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

Registration District No. 6574

Registered No. 68

(For use of Local Registrar)

(2) Full Name of Child

Wynn

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (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 Simmons

(9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE St. Helena S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Simmons

(15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE St. Helena S.C.

(19) OCCUPATION Farmer

(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 at 11:00 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Chas. H. ... (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

May 10, 1916

(28)

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.