

(1) PLACE OF BIRTH

County of MarionTownship of Lynch

Inc. Town of

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. 78160 For State Registrar OnlyRegistration District No. 3202 Registered No. 81

(For use of Local Registrar)

(2) Full Name of Child Rolly Simmons

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? 1

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 Aug. 29, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Simmons(9) PRESENT POSTOFFICE OF FATHER Centenary(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Marion SC(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Rubie Annham(15) PRESENT POSTOFFICE OF MOTHER Centenary(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Marion SC(19) OCCUPATION Farm laborer(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 alive at 2 at 2 at on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Arnell Simmons(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Centenary

Given name added from a supplemental report

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

(27) Filed Oct 10, 1916 (28) J. C. Ayers 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.

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FORM NO. 1 MARGIN RESERVED FOR BINDING.

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.

McKay McCaw, of Columbia.