

MARGIN RESERVED FOR BINDING. WHITE 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.

City of Columbia

(1) PLACE OF BIRTH  
 County of Jackson S.C. **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of North Charleston  
 or  
 Inc. Town of ..... Registration District No. 1507 Registered No. ....  
 or  
 City of ..... (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**46007**

(2) Full Name of Child Willie Simon } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 30 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Ceres Simon</u>			14) NAME BEFORE MARRIAGE <u>Beth Jones</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Mont Cross S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Mont Cross S.C.</u>	
10) COLOR OR RACE <u>Black</u>		(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	16) COLOR OR RACE <u>Black</u>	
12) BIRTHPLACE <u>Jackson County</u>		17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
13) OCCUPATION <u>Farmer</u>			18) BIRTHPLACE <u>Jackson County</u>	
19) OCCUPATION <u>Farmer</u>			20) BIRTHPLACE <u>Jackson County</u>	
21) Number of children born to mother, including present birth <u>9</u>			22) Number of children of this mother now living, including present birth <u>4</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Wilson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jackson S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)  
 \_\_\_\_\_  
 (27) Filed Feb. 3. 1916 (28) E. A. Carly  
 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.