

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. McCaw, of Columbia.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of Christ Church  
 or  
 Inc. Town of Danish Registration District No. 901 Registered No. 35  
 or  
 City of Charleston (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**76069**

(2) Full Name of Child Lucy Simmons { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 25, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER**

(8) FULL NAME Wm. Simon  
 (9) PRESENT POSTOFFICE OF FATHER Wm Pleasant & Co  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)  
 (12) BIRTHPLACE Charleston, Co.  
 (13) OCCUPATION Labourer  
 (20) Number of children born to mother, including present birth { 4

**MOTHER**

(14) NAME BEFORE MARRIAGE Catharine Weston  
 (15) PRESENT POSTOFFICE OF MOTHER Wm Pleasant & Co  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Charleston Co  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth { 2

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

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

(23) (Signature) Louise Wright  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Wm Pleasant & Co

Given name added from a supplemental report  
 ....., 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
H. L. Lunden  
 (27) Filed Sept 27, 1916 (28) H. L. Lunden 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.