

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Burkeley</u>		STATE OF SOUTH CAROLINA.		84463	
Township of <u>1st St James</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>#200</u>		Registered No. <u>34</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.		Ward	
(2) Full Name of Child <u>Jacob Simmons</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 29</u>	<u>1916</u>
To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)			
FATHER.			MOTHER.		
(8) FULL NAME <u>Wash Simmons</u>			(14) NAME BEFORE MARRIAGE <u>Martha Boyd</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ridgerville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ridgerville, S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE <u>Burkeley Co., S.C.</u>			(18) BIRTHPLACE <u>Burkeley Co., S.C.</u>		
(13) OCCUPATION <u>Farm Laborer</u>			(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> , at <u>11 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Harry Singletary</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>midwife Ridgerville, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
<u>Harry Singletary</u> 191 <u>6</u> Registrar			<u>Harry Singletary</u> Local Registrar		
(27) Filed <u>Dec 1</u> 191 <u>6</u> (28) <u>Harry Singletary</u>					

*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.