

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

(1) PLACE OF BIRTH
 County of Union
 Township of Fish Dam
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (if birth occurs in a hospital) or other institution, give name of same instead of street and number.)

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

53983

Registration District No. 4203 Registered No. 5
 (For use of Local Registrar)

(2) Full Name of Child Jerry Sims { 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 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 4, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Eddie Sims
 (9) PRESENT POSTOFFICE OF FATHER Carlisle
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 9

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Ella Thomas
 (15) PRESENT POSTOFFICE OF MOTHER Carlisle
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Alfred Peter
 (24) State whether Physician or Midwife X (25) Address of Physician or Midwife Carlisle S.C.

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed March 7, 1916 (28) P. H. Peter 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.

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.
 State of Columbia