

Form No. 1

(1) PLACE OF BIRTH

County of HenryTownship of Henry

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4205

Registration District No. 2362Registered No. 28

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 30</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Freeman Simmons(9) PRESENT POSTOFFICE OF FATHER Myrtle Beach S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE Henry Co. S.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Frazer(15) PRESENT POSTOFFICE OF MOTHER Myrtle Beach S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Year)(18) BIRTHPLACE Henry Co. S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mindert M. Simmons(24) State whether Physician or Midwife (25) Address of Physician or Midwife Myrtle Beach S.C.

Given name added from a supplemental report

(26) Witness Joe H. Cooper (Signature of Witness necessary only when question 23 is signed by mark)(27) Date Mar 5 1923 (28) J. S. Dyer 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 should be reported as stillborn. No report is desired of stillbirths unless the birth month of pregnancy.

FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 5.

Bureau of Statistics, Columbia, S. C.