

WHITE PLAIN, 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 6.

(1) PLACE OF BIRTH
County of Henry
Township of Little River
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.)

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

File No.—For State Registrar Only
22655

Registration District No. 2807 Registered No. 34
(For use of Local Registrar)

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

3) BOY OR GIRL Girl 4) Twin or Triplet? - 5) Number in order of birth - 6) Are Parents Married? Yes 7) DATE OF BIRTH May 21 1922
(Name of Month) (Day) (Year)

| FATHER. | | | MOTHER. | | |
|--|---|--|---|--|--|
| 8) FULL NAME <u>George Simmons</u> | 14) NAME BEFORE MARRIAGE <u>May Coleman</u> | | 14) NAME BEFORE MARRIAGE <u>May Coleman</u> | | |
| 9) PRESENT POSTOFFICE OF FATHER <u>Little River S.C.</u> | 15) PRESENT POSTOFFICE OF MOTHER <u>Little River</u> | | 15) PRESENT POSTOFFICE OF MOTHER <u>Little River</u> | | |
| 10) COLOR OR RACE <u>White</u> 11) AGE AT LAST BIRTHDAY <u>35</u> (Years) | 16) COLOR OR RACE <u>White</u> 17) AGE AT LAST BIRTHDAY <u>30</u> (Years) | | 16) COLOR OR RACE <u>White</u> 17) AGE AT LAST BIRTHDAY <u>30</u> (Years) | | |
| 12) BIRTHPLACE <u>M.C.</u> | 18) BIRTHPLACE <u>M.C.</u> | | 18) BIRTHPLACE <u>M.C.</u> | | |
| 13) OCCUPATION <u>Grain Mill Laborer</u> | 19) OCCUPATION <u>Housekeeping</u> | | 19) OCCUPATION <u>Housekeeping</u> | | |
| 20) Number of children born to mother, including present birth <u>Five</u> | 21) Number of children of this mother now living, including present birth <u>Five</u> | | 21) Number of children of this mother now living, including present birth <u>Five</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Darces Smith
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little River S.C.

Given name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 27 1922 (28) Edw. E. Comley 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.