

FOR SENDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 1.

(1) PLACE OF BIRTH

County of Laurens

Township of .....

Inc. Town of Lexa Hill

City of .....

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

(2) Full Name of Child Francis Clayton Simmons

No. 41280

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

Registration District No. 2.9.AO.

Registered 3  
 (For use of Local Registrar)

(3) SEX OF CHILD girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 20 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME John Frank Simmons  
 (9) PRESENT POSTOFFICE OF FATHER Cross Hill S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Cotton buyer  
 (14) Number of children born to mother, including present birth 2

MOTHER.  
 (15) NAME BEFORE MARRIAGE Jessie Hill  
 (16) PRESENT POSTOFFICE OF MOTHER Cross Hill S.C.  
 (17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 19  
 (19) BIRTHPLACE S.C.  
 (20) 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 born alive at 9 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. B. Miles  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cross Hill

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

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed Dec 27 1923 (28) Mrs. S. L. Leamon 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.