

(1) PLACE OF BIRTH

County of Wm. burgTownship of Lanes

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4305File No.—For State Registrar Only
37962Registered No. 94
(For use of Local Registrar)(No. St. Ward)(2) Full Name of Child unnamed
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(If child is not yet named, make supplemental report as directed)

(7) BOY OR GIRL <u>Boy</u>	(8) Twin or Triplet To be answered only in event of Twin or Triplet	(9) Number in order of birth	(10) Are Parents Married <u>Yes</u>	(11) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Nov 21 1923</u>
FATHER.			MOTHER.	
(12) FULL NAME <u>Jenkinson Simmons</u>			(14) NAME BEFORE MARRIAGE <u>Berulah Parsons</u>	
(13) PRESENT POSTOFFICE OF FATHER <u>Lanes, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lanes, S.C.</u>	
(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u>	(18) COLOR OR RACE <u>negro</u>	(19) AGE AT LAST BIRTHDAY <u>28</u>	
(20) BIRTHPLACE <u>Wm. burg co. S.C.</u>			(21) BIRTHPLACE <u>Wm. burg co. S.C.</u>	
(22) OCCUPATION <u>Farm laborer</u>			(23) OCCUPATION <u>Farm laborer</u>	
(24) Number of children born to mother, including present birth <u>7</u>			(25) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was Born alive at 3 A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(27) (Signature) Caroline June

(28) State whether Physician or Midwife

(29) Address of Physician or Midwife

midwifeLanes, S.C.

Given name added from a supplemental report

(30) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(31) Filed Nov. 26th 1923(32) A. H. Moseley

(33) 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.