

FORM NO. 3

(1) PLACE OF BIRTH

County of *Williams*Township of *Andrew*or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name 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

79617

Registration District No. *4300* Registered No.

(For use of Local Registrar)

St.: Ward:

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

| | | | | |
|-----------------------------|----------------------|--|--------------------------|---|
| (3) BOY OR GIRL? | (4) Twin or Triplet? | (5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small> | (6) Are Parents Married? | (7) DATE OF BIRTH <i>Aug 12 1914</i> <small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|----------------------|--|--------------------------|---|

FATHER.

MOTHER.

| | |
|---|---|
| (8) FULL NAME <i>Wesley Simmons</i> | (14) NAME BEFORE MARRIAGE <i>Frances Daxley</i> |
| (9) PRESENT POSTOFFICE OF FATHER <i>Andrews</i> | (15) PRESENT POSTOFFICE OF MOTHER <i>Andrews S.C.</i> |
| (10) COLOR OR RACE <i>Negro</i> | (16) COLOR OR RACE <i>Negro</i> |
| (11) AGE AT LAST BIRTHDAY <i>30</i> <small>(Years)</small> | (17) AGE AT LAST BIRTHDAY <i>28</i> <small>(Years)</small> |
| (12) BIRTHPLACE <i>Ill</i> | (18) BIRTHPLACE <i>Ill</i> |
| (13) OCCUPATION <i>Public</i> | (19) OCCUPATION <i>House Keeper</i> |
| (20) Number of children born to mother, including present birth <i>14</i> | (21) Number of children of this mother now living, including present birth <i>3</i> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1 P* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mildie Simmons*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Andrews S.C.

Given name added from a supplemental report

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

(27) Filed *8 19 1914* (28) *J. W. Coleman* 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.

MARGIN RESERVED FOR INDEXING. 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 5. McCracken of Columbia.