

Form No. 1

(1) PLACE OF BIRTH

County of St. John
 Township of St. John
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2977

Registration District No. 600 Registered No. 72
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

2) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Feb. 5, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Gilbert Simmons
 9) PRESENT POSTOFFICE OF FATHER Trogmors
 10) COLOR OR RACE B 11) AGE AT LAST BIRTHDAY 40
 12) BIRTHPLACE SC
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Eliza Brown
 15) PRESENT POSTOFFICE OF MOTHER Trogmors
 16) COLOR OR RACE B 17) AGE AT LAST BIRTHDAY 32
 18) BIRTHPLACE SC
 19) OCCUPATION Housewife
 21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Smith

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

Given name added from a supplemental report

(26) Witness Nurse King
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 5, 1922 (28) J. H. Thomas Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.