

Form No. 1

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of St. Helena  
 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  
**41039**

Registration District No. 6 Registered No. 199  
 (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 William Simmons If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? No 7) DATE OF BIRTH Dec 22, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME William Simmons  
 (9) PRESENT POSTOFFICE OF FATHER Frogmore, S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE South Carolina  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Eloise Byas  
 (15) PRESENT POSTOFFICE OF MOTHER Frogmore, S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION Farmer  
 (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 born alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sally Williams (24) State whether Physician or Midwife (25) Address of Physician or Midwife Frogmore, S.C.

Given name added from a supplemental report

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

(27) Filed 1/2/24 19 24 (28) J. B. Davis 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.

IF A FATHER OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.