

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown
Township of St. Andrew
OF
Inc. Town of Andrews
OF
City of

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

No. for State Registrar Only
21033

Registration District No. 2103 Registered No. 92
(For use of Local Registrar)

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

(2) Full Name of Child Theresa Simmons

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH July 16, 1923
(Month of Year) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Simmons

(9) PRESENT POSTOFFICE OF FATHER Andrews, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21
(Years)

(12) BIRTHPLACE Georgetown Co., S.C.

(13) OCCUPATION Farmer Land - S.D. & R.R.

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Neale

(15) PRESENT POSTOFFICE OF MOTHER Andrews, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE Georgetown Co., S.C.

(19) OCCUPATION Farmer Land

(20) Number of children born to mother, including present birth 1

(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 11 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Theresa Simmons

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

19 Registrar

(27) Filed July 21, 1923 (28) C. W. Bailey 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.

Record of Columbia, Columbia, S. C.