

MARGIN RESERVED FOR BINDING.  
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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.

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or Inc. Town of North Pleasant St.

City of .....

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

597

Registration District No. 933, Registered No. 8  
 (For use of Local Registrar)

(2) Full Name of Child

Moagge Simms

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

(3) BOY OR GIRL?

(4) Twin or Triplet? 1

(5) Number in order of birth 13

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 17, 1922  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joe Simms

(9) PRESENT POSTOFFICE OF FATHER

Int Pleasant St

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

40

(12) BIRTHPLACE

India

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Washington

(15) PRESENT POSTOFFICE OF MOTHER

Int Pleasant St

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

32

(18) BIRTHPLACE

India

(19) OCCUPATION

Domestic

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

13

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alice at 1145 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Joe Simms

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Int Pleasant St 933

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 19, 1922

(28) 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.

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