

## (1) PLACE OF BIRTH

County of Newberry  
 Township of Newberry  
 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  
**31413**

Registration District No. 34.3 Registered No. 45  
 (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 Pearlie Simmons

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 19, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jim Simmons  
 (9) PRESENT POSTOFFICE OF FATHER Newberry S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22  
 (12) BIRTHPLACE Newberry Co. S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Corine Cleland  
 (15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17  
 (18) BIRTHPLACE Newberry Co. S.C.  
 (19) OCCUPATION House work.  
 (21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Leila Finney

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 25, 1922 (28) J. Y. Lloyd, 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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