

PLACE OF BIRTH

County of Barnwell
Municipality of Richland

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
24858Registration District No. 512 Registered No. 44
(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.)Full Name of Child. Jessie May Simmons If child is not yet named, make supplemental report as directed

SEX <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>May 15 1922</u> (Name of Month) (Day) (Year)
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FATHER.

NAME Goddie Leroy SimmonsPRESENT RESIDENCE Dunbarton S.C.COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)BIRTHPLACE Barnwell Co.OCCUPATION FarmerNumber of children born to father including present birth Eight

MOTHER

(14) NAME BEFORE MARRIAGE Lora Mays Still(15) PRESENT POSTOFFICE OF MOTHER Dunbarton S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Barnwell Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Alive at 12:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. Cone(24) State whether Physician or Midwife (25) Address of Physician or Midwife Williston S.C.Physician

Was name added from a supplemental report

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

(27) Filed Sept 16 1922 (28) J. M. Johnson Local Registrar

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