

WHEN DECEASED, WITH DEATHING IN 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 Wm. Perry
Township of Hope
or
Inc. Town of
or
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

Registration District No. 4301 Registered No. 64
(For use of Local Registrar)

(2) Full Name of Child Jeller Simons (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in case of Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 9, 1921</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Charles Simons</u>			14) NAME BEFORE MARRIAGE <u>Alvin Keels</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Greenville SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Greenville SC</u>	
10) COLOR OR RACE <u>Negro</u>			16) COLOR OR RACE <u>Negro</u>	
11) AGE AT LAST BIRTHDAY <u>31</u> (Years)			17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
12) BIRTHPLACE <u>SC</u>			18) BIRTHPLACE <u>SC</u>	
13) OCCUPATION <u>Car painter</u>			19) OCCUPATION <u>House wife</u>	
20) Number of children born to mother, including present birth <u>6</u>			21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was....
on the date above stated.

(23) (Signature) Emma White at 5 A.M.
(24) State whether Physician or Midwife Midwife (Born alive or stillborn) (Hour A. M. or P. M.)

(25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) J. B. Bledwell

(27) File June 12, 1922 (28) Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.