

Form No. 3

(1) PLACE OF BIRTH

County of BeaufortTownship of 6Inc. Town of BurlingtonCity of Burlington

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 2946 for State Registrar OnlyRegistration District No. 600 Registered No. 71
(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 Bessie Simmons If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	5) Number in order of birth <u>1</u>	6) Sex <u>female</u>	7) DATE OF BIRTH <u>Feb. 15, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Marcus Simmons(9) PRESENT POSTOFFICE OF FATHER Burlington, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Burlington, S.C.(13) OCCUPATION House Laborer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Scott(15) PRESENT POSTOFFICE OF MOTHER Burlington, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Burlington, S.C.(19) OCCUPATION House Laborer(20) 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 or stillborn (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Mary Black(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Burlington, S.C.

(26) Given name added from a supplemental report

(26) Witness Local Registrar
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 17, 1923 (28) L. B. Hunt
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

MANUAL RECORDS WITH BIRTHS, DEATHS, MARRIAGES, DIVORCES, AND OTHER VITAL RECORDS, ARE KEPT IN THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C.

IN THE COUNTY OF BEAUFORT, SOUTH CAROLINA, I, the undersigned, being a qualified person, do hereby certify that the foregoing is a true and correct copy of the original record as the same appears in the records of the Bureau of Vital Statistics, State Board of Health, Columbia, S. C.