

Form No. 1

## (1) PLACE OF BIRTH

County of B. H.Township of Shelby

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

File No. — For State Registrar Only  
**41047**Registration District No. 604Registered No. 189  
(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

Virginia Simmons

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF

BIRTH.....December  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Lucas Simmons

(9) PRESENT POSTOFFICE OF FATHER

Frogmore S.C.

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

15  
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Laborer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Jamie Brown

(15) PRESENT POSTOFFICE OF MOTHER

Frogmore S.C.

(16) COLOR OR RACE

B

(17) AGE AT LAST BIRTHDAY

14  
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Wife

(21) 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....Alive.....at....6 A.M......  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Ellen Jenkins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/12/19 (28) J. H. Thomas 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.

THIS IS A PERMANENT RECORD. 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.

RECEIVED AT COLUMBIA, S. C.