

(1) PLACE OF BIRTH County of <u>Laurens</u> Township of <u>Laurens</u> or Inc. Town of <u>Laurens</u> City of <u>Laurens</u> (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 <b>35211</b>	
Registration District <u>29</u> <u>Park</u>		Registered No. <u>128</u> (For use of Local Registrar)		M.; ..... Ward)	
(2) Full Name of Child <u>Lois Simmons</u>		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> <small>(to be answered only in case of twins or triplets)</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 31</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Haley Simmons</u>			(14) NAME BEFORE MARRIAGE <u>Eustel Taylor</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens SC</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Cotton mill work</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>2</u> <u>P</u> on the date above stated. <small>(Hour A. M. or P. M.)</small>					
(23) (Signature) <u>J. M. Bearden</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Laurens SC</u>					
(26) Witness <u>W. H. H. H.</u>					
(27) Filed <u>1/2</u> <u>191</u> <u>2</u> (28) <u>W. H. H. H.</u> Local Registrar					

\*\*\*\*\* 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.

## BEFORE THE BIRTH MONTH OF PREGNANCY