MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

If Twin or Triplet, state number of child in order of birth, and mark (1) FIRST-BORN, (2) SECOND-BORN, etc.

(1) PLACE OF BIRTH

County of Aiken

Township of Windsor

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. 30773 (Register's Office Only)

Registration District No. 21-6 ... Registered No. 60
(For use of Local Registrar)

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

(2) Full Name of Child Lyle Simmons

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

(3) SEX OF CHILD	(4) Twin or Triplet (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH (Month)	(Day)	(Year)
Boy		1	yes	Oct	10	23

FATHER.

(8) FULL NAME Jackson Simmons

(9) PRESENT POST OFFICE OF FATHER

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Aiken Co

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 6

MOTHER.

(15) MAIDEN NAME Geraldine Ashley

(16) PRESENT POST OFFICE OF MOTHER White Pond

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Aiken Co

(19) OCCUPATION field work

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phil's Clark

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Williston

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Nov 20 1923 (28) O. Livingston
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.

KODAK SAFETY