(1) PLACE OF BIRTH

County of Sumter

Township of Salvington

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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: 37863

Registration District No. 41.0 ... Registered No. 33
(For use of Local Registrar)

(2) Full Name of Child. Lorinar Simmons

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

(3) SEX OF CHILD: 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? yes

(7) DATE OF BIRTH Nov. 10 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Willie Simmons

(9) PRESENT POSTOFFICE OF FATHER: Pinewood S.C.

(10) COLOR OR RACE: white

(11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: S.C.

(13) OCCUPATION: Farm work

(14) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE: Henrietta Simmons

(15) PRESENT POSTOFFICE OF MOTHER: Pinewood S.C.

(16) COLOR OR RACE: white

(17) AGE AT LAST BIRTHDAY: 19 (Years)

(18) BIRTHPLACE: S.C.

(19) OCCUPATION: Home work

(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 (Born alive or stillborn) at 5 P.M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mary Hughes

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Pinewood S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov. 17 1923 (28) C. S. Greene
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.