

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
 Township of #10
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

20876

Registration District No. 1909Registered No. 25
(For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Simmons If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH (Name of Month) <u>July</u> (Day) <u>12</u> (Year) <u>1923</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert Simmons</u>			(14) NAME BEFORE MARRIAGE <u>Victor Paggie</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wilmington S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wilmington S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Fairfield Co. S.C.</u>			(18) BIRTHPLACE <u>Fairfield Co. S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Victor Paggie(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wilmington S.C.

(26) Given name added from a supplemental report

(27) Witness Dr. E. B. Ford (Signature of Witness necessary only when question 22 is signed by mark)(28) Filed July 24, 1923 (29) E. B. Ford 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.