

## (1) PLACE OF BIRTH

County of Aiken  
 Township of Langley  
 or  
 Inc. Town of .....  
 or  
 City of near Langley (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

18302

Registration District No. 767A Registered No. 181  
 (For use of Local Registrar)

(2) Full Name of Child Eden 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 Twin or Triplet (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 26, 1923  
 (Name of Month) (Day) (Year)

| FATHER.  |  |  | MOTHER.   |  |  |
|--|--|--|---|--|--|
| (8) FULL NAME <u>Ed Simmons</u>  | (14) NAME BEFORE MARRIAGE <u>Viola Simmons</u> |  | (10) PRESENT POSTOFFICE OF FATHER <u>Warrenville S C</u>                            | (16) PRESENT POSTOFFICE OF MOTHER <u>Warrenville S C</u> |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Warrenville S C</u>                  | (11) AGE AT LAST BIRTHDAY <u>30</u> (Years)    |  | (10) COLOR OR RACE <u>colored</u>   | (17) AGE AT LAST BIRTHDAY <u>22</u> (Years)              |  |
| (12) BIRTHPLACE <u>Saluda Co S C</u>                                     |  |  | (18) BIRTHPLACE <u>Aiken Co S C</u>   |  |  |
| (13) OCCUPATION <u>Farmer</u>  |  |  | (19) OCCUPATION <u>Farmer Work</u>  |  |  |
| (20) Number of children born to mother, including present birth <u>5</u> |  |  | (21) Number of children of this mother now living, including present birth <u>5</u> |  |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harriet Edwards  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Langley S C

Given name added from a supplemental report

(26) Witness Signature of \_\_\_\_\_ when question 23 is signed by mark

(27) Filed Dec 23, 1923 (28) R. W. Spradley 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.

When question 23 is signed by mark  
 (29) Dec 20, 1923 (30) R. W. Spradley Local Registrar  
 If a child breathes even once before the fifth month of pregnancy