(1) PLACE OF BIRTH

County of Chas. S.C.

Township of ..."..."...

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 use of Registrar

35025

Registration District No. 9A

Registered No. [redacted]

(For use of Local [redacted])

(No. 16 Short St. ..... 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 Samuel Simmons Jr.

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

(3) BOY OR GIRL?	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets		Yes	Nov 28 (Name of Month) 1923 (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Samuel Simmons	(14) NAME BEFORE MARRIAGE Annie Bailey
(9) PRESENT POSTOFFICE OF FATHER Chas S. C.	(15) PRESENT POSTOFFICE OF MOTHER Chas. S. C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE White Islands S.C.	(18) BIRTHPLACE John Island S.C.
(13) OCCUPATION Labor	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:00 A. M. on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose Bryan

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: 15 Short St

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 11/30 1923. [illegible]

*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.