

Form No. 1

(1) PLACE OF BIRTH

County of AlbanyTownship of StollmanIn Town of StollmanCity of Stollman

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 604

File No. — For State Registrar Only

10104

Registered No. 57
(For use of Local Registrar)(No. 604 St. 57 Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

Is BOY OR GIRL?

Boy

Is Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April 22

(Name of Month)

(Day)

(Year)

To be answered only in event of Twin or Triplets

FATHER.

(3) FULL NAME

Salus Simmons

(4) PRESENT POSTOFFICE OF FATHER

Frogmore

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Irene Brown

(15) PRESENT POSTOFFICE OF MOTHER

Frogmore SC

(16) COLOR OR RACE

B

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Laborer

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

1

(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 at HP.

on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

Ella Jenkins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

Editha

Signature of Witness necessary only when question 23 is signed by mark

(27) Filed

HP

(28)

Editha

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.