

## (1) PLACE OF BIRTH

County of LexingtonTownship of Congareeor  
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

31155

Registration District No. 3105 Registered No. 62  
(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 Edward Simmons

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? ✓  
To be answered only in event of Twins or Triplets(5) Number in order of birth ✓(6) Are Parents Married? Yrb

(7) DATE OF BIRTH

Sept 16 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Patel Simmons(9) PRESENT POSTOFFICE OF FATHER Newbrookland(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 33  
(Year)(12) BIRTHPLACE Richland Co.(13) OCCUPATION Public work(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Jackson(15) PRESENT POSTOFFICE OF MOTHER Newbrookland(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 26  
(Year)(18) BIRTHPLACE Lexington Co.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie Jones(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Newbrookland

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/28 1922(28) J.B. Lybrand  
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.

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MARRIAGE RECORD FOR MARRIAGE RECORDS. THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

MEDICAL OFFICE, COLUMBIA S. C.