

[illegible]

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

File No.—For State Registrar Only
3117

Registration District No. 460 Registered No. 21
(For use of Local Registrar)

City of _____ (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 Henry Simmons If child is not yet named, make supplemental report as directed

3) BOY OR GIRL *girl*

4) Twin or Triplet? *No*

5) Number in order of birth *1*

6) Are Parents Married? *yes*

7) DATE OF BIRTH *Feb 1 1972*
(Name of Month) (Day) (Year)

FATHER.

8: FULL NAME James Arumado

9) PRESENT POSTOFFICE OF FATHER *Bamber*

(10) COLOR OR RACE *Blk* (11) AGE AT LAST BIRTHDAY. *30*
(Year)

12: BIRTHPLACE Bayreuth

13) OCCUPATION 01 0

Turn Hand

(14) NAME BEFORE MARRIAGE Llewyn Mitchell

(15) PRESENT POSTOFFICE OF MOTHER Bamberg

(15) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE: Bamberg

(19) OCCUPATION
Iron Miner

(21) Number of children of this mother 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Chia S. Chen
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1234 Main St. New York, N.Y. 10001

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only
Question 21 is signed by mark)

2/11/22 (28) John Coover
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.