

(1) PLACE OF BIRTH

County of Dorchester
 Township of Roger
 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 State Registrar Only
4009

Registration District No. 1705 Registered No. 11
 (For use of Local Registrar)

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

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

3 SEX OR GIFT Male 4 Twin or Triplet? 1 5 Number in order of birth 51 6 Are Parents Married? Yes 7 DATE OF BIRTH June 14 1922
 To be answered only in event of Twins or Triplets (Specs of Month) (Day) (Year)

FATHER		MOTHER	
8 FULL NAME	<u>John Simmons</u>	14 NAME BEFORE MARRIAGE	<u>Bornie Bonan</u>
9 PRESENT POSTOFFICE OF FATHER	<u>Reeviewille N.C.</u>	15 PRESENT POSTOFFICE OF MOTHER	<u>Reeviewille N.C.</u>
12 COLOR OR RACE	<u>Negro</u>	16 COLOR OR RACE	<u>Negro</u>
11 AGE AT LAST BIRTHDAY	<u>39</u> (Year)	17 AGE AT LAST BIRTHDAY	<u>31</u> (Year)
13 BIRTHPLACE	<u>N.C.</u>	18 BIRTHPLACE	<u>N.C.</u>
13 OCCUPATION	<u>Miner</u>	19 OCCUPATION	<u>Housewife</u>
20 Number of children born to mother, including present birth	<u>51</u>	21 Number of children of this mother now living, including present birth	<u>31</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Harriet A. Green (24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife Reeviewille N.C.

Given name added from a supplemental report

(26) Witness E. D. Eberhardt
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 21 1922 (28) E. D. Eberhardt 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.

RECEIVED - COUNTY CLERK'S OFFICE - JUNE 15, 1922 - 10:30 AM
 VITAL RECORDS SECTION
 No. 1 FILED OFFICE No. 10, etc. in question 10