

(1) PLACE OF BIRTH

County of Charleston, S.C.

Township of

or
Inc. Town ofCity of Charleston, S.C.

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

(2) Full Name of Child Benjamin Hume Simons (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 14, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Benjamin Hume Simons(9) PRESENT POSTOFFICE OF FATHER 93 Broad St. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Automobile Salesman(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lucia H. Adams(15) PRESENT POSTOFFICE OF MOTHER 93 Broad St C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Greenville, S.C.(19) OCCUPATION Wife(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 Sept 14, 1922 at 2:40 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 27 Calloway

Given name added from a supplemental report

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

(27) Filed 9/20 19 22 Local Registrar: [Signature]

*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.

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

29242

Registration District No. 9A Registered No. 1374

(For use of Local Registrar)

(No. Maternity Hospital)

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