

Form No. 1

1) PLACE OF BIRTH

County of Beaufort
 Township Beaufort
 Inc. Town Seabrook S.C.
 or
 City Seabrook S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37307

Registration District No. 600 Registered No. 52
 (For use of Local Registrar)

(No. St.; Ward)
 If child is not yet named, make supplemental report as directed

2. Full Name of Child Simon Williams

3. SEX Male 4. Was it a triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Nov. 17, 1922
 (Name of Month) (Day) (Year)

8. FULL NAME Simon Williams 9. PRESENT POSTOFFICE OF FATHER Seabrook S.C. 10. COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY 50 (Years) 12. BIRTHPLACE Hampton S.C. 13. OCCUPATION Farmer 14. NAME BEFORE MARRIAGE Sadie Williams 15. PRESENT POSTOFFICE OF MOTHER Seabrook 16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 25 (Years) 18. BIRTHPLACE Hampton S.C. 19. OCCUPATION House wife 20. Number of children born to mother, including present birth 7 21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Phyllis Simmons(24) State whether: Physician or Midwife Midwife Address of Physician or Midwife Seabrook S.C.

Given name added from supplemental report

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

(27) Filed Dec 5, 1922 (28) W. H. Wilson Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

K O O D A K S A F E