

MARGIN RESERVED FOR BUNDLING.

WHITE PLAINX, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3482

(1) PLACE OF BIRTH

County of Washington
Township of Johns Island
or
Inc. Town of
or
City of

Registration District No. 205 Registered No. 14
(For use of Local Registrar)

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

(3) ~~BOY OR~~
GIRL?

(4) Twin or Triplet?

(5) Number in order of birth
event of Twins or Triplets

(5) Are Parents Married? *Yes*

(7) DATE OF BIRTH Jan 21 1922
(Name of Month) (Day) (Year)

FATHER

(8) * FULL NAME Adam Limmon

(10) COLOR OR HAIR Black (11) AGE AT LAST BIRTHDAY 49 (Yr)

(13) OCCUPATION *Farmer*

MOTHER

(14) NAME BEFORE MARRIAGE *Bessie Cates*

(16) COLOR OR Black (17) AGE AT LAST BIRTHDAY 40

(18) OCCUPATION

(20) Number of children born to mother, including present birth: Eleven

(21) Number of children of this mother *Five*

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. B. F. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)	<i>Kare Hesse</i>	
(24) State whether Physician or Midwife	(25) Address of Physician or Midwife	
<i>midwife</i>	<i>Johns Island</i>	

Given name added from a supplemental report

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

Feb 20 22 (25) Mrs. W. H. Hill

*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.