

1) PLACE OF BIRTH

City of Beaufort
 County of Hatteras
 State of North Carolina
 or Island

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
2983

Registration District No. 606 Registered No. 6
 (For use of Local Registrar)

(No. Mike St.) (Ward)

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

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

1) Sex Male 2) Twin or Triplet No 3) Number in order of birth 1 4) Are Parents Married? No 5) DATE OF BIRTH Feb 16, 1923
 (Name of Month) (Day) (Year)

FATHER.

NAME Reuben Simmons
 PRESENT POSTOFFICE OF FATHER Daufurkie Isl
 AGE AT LAST BIRTHDAY 20
 RACE Negro
 BIRTHPLACE Daufurkie Isl
 OCCUPATION Farmer

MOTHER.

14) NAME BEFORE MARRIAGE Emma Mike
 15) PRESENT POSTOFFICE OF MOTHER Daufurkie Isl
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 18
 18) BIRTHPLACE Daufurkie Isl
 19) OCCUPATION House Girl
 20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 P. on the date above stated. (Born alive or stillborn. (Hour of M. or P. M.))

(21) (Signature) Jane L Wright (22) Address of Physician or Midwife Daufurkie Isl
 (23) State whether Physician or Midwife Midwife

added from a supplemental report

(24) Witness Mary Holmes (Signature of Witness necessary only when question 23 is signed by mark)

(25) Filed Feb 20, 1923 (26) J. G. G. G. Local Registrar.

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