

## 1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cross Anchor  
 or  
 City of Marionville

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

22606

Registration District No. 4003Registered No. 62  
(For use of Local Registrar)

City of Marionville (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 St. 1 Ward 2

2) Full Name of Child M. C. Simmons If child is not yet named, make supplemental report as directed

3) SEX OR ONLY Boy  
 4) Twin or Triplet No  
 5) Number in order of birth 1  
 To be answered only in event of Twin or Triplet

6) Are Parents Married? yes  
 7) DATE OF BIRTH July 23, 23  
 (Month of Month) (Day) (Year)

## FATHER.

FULL NAME Thomas Bird SimmonsPRESENT POSTOFFICE OF FATHER Marionville, S.C.10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)12) BIRTHPLACE Laurens Co.13) OCCUPATION Cotton Mill work14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Florence Barrett(15) PRESENT POSTOFFICE OF MOTHER Marionville, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Laurens Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at Marionville S.C. on the date above stated. (If alive or stillborn Hour 3:00 M. or P. M.)

(23) (Signature) C. D. Harris  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marionville, S.C.

Given name added from a supplemental report

L. A. Pinner M.D.2/16/44 19 44 Registrar

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

(27) Date July 23, 1923 (28) C. D. Harris 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.

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