

(1) PLACE OF BIRTH

County of Charleston

Township of

OR
Inc. Town ofOR
City of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17879

Registration District No. 9ARegistered No. 856

(For use of Local Registrar)

City of Charleston (No. 18¹ John Street St.: Ward:)2. Full Name of Child SIMONIN

If child is not yet named, make supplemental report as directed

3. SEX OR

(4) Twin

or Triplet?

(5) Number in

order of birth

To be answered only in event of twins or triplets

(6) Are

Parents

Married? Yes

(7) DATE OF

BIRTH June 5 1922

(Name of Month) (Day) (Year)

Boy

FATHER.

8. FULL

NAME

Leo Laurence Simonin

9. PRESENT

POSTOFFICE

City

10. COLOR

(11) AGE AT LAST

BIRTHDAY 29

(Years)

Race White

12. BIRTHPLACE

City

13. OCCUPATION

Plumber

14. Number of children born to

mother including present birth

3

(14) NAME BEFORE

MARRIAGE

Mary Cecilia Danehey

(15) PRESENT

POSTOFFICE

City

(16) COLOR

OR

RACE White

(17) AGE AT LAST

BIRTHDAY 27

(Years)

(18) BIRTHPLACE

City

(19) OCCUPATION

Housewife

(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 alive at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. P. Maguire

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.D.187 Calhoun

Given name added from a supplement-

tal report

181

(26) Witness

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

(27) Filed 6/11/22181(28) J. M. Mason

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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