

(1) PLACE OF BIRTH

County of ColletonTownship of Blake

or

Inc. Town of

or

City of

(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

29749

Registration District No. 1402 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Isaac Simmons { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 25 1912 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Simmons(9) PRESENT POSTOFFICE OF FATHER White Hall St(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Col 60 26-(13) OCCUPATION Farm Laborer(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Margie Murray(16) PRESENT POSTOFFICE OF MOTHER White Hall St(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 26 (Years)(19) BIRTHPLACE Col 60 26-(20) 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 3 A.M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Katie W. Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

White Hall St

Given name added from a supplemental report

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

(27) Filed Sept 25 1912 (28) R. G. Harrison 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.