

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of " " " "
 or
 Inc. Town of " " " "
 or
 City of Charleston S.C.

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

File No.—For State Registrar Only

29202

1329

Registered No. (For use of Local Registrar)

Registration District No. 9

St.; Ward)

(2) Full Name of Child Marguerite Simmons

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

One

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 14 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George Simmons

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Printer

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

Four

MOTHER.

(14) NAME BEFORE MARRIAGE

Gertrude L. Palmer

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) Martha Howard

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

52 Ashe St

Given name added from a supplemental report

(26) Witness

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

19 Registrar

(27) Filed 9/13 22

19

(28)

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.

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

DEPT. OF COLUMBIA, COLUMBIA, S. C.