

WRITE PLAINLY, WITH UNFADING INK—THIS IS A FORM FOR THE MOTHER TO FILL IN IN CASE OF A CHILD, AND MARK THE
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for EACH CHILD, and mark the
FIRST-BORN. No. 1 THIS OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Charleston
Township of
or
Inc. Town of Charleston
or
City of Charleston

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3382

Registration District No. 0 A Registered No. 227
(For use of Local Registrar)

(2) Full Name of Child

Baby Simmons

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 17, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Simmons

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Cum Point

(13) OCCUPATION Stenographer

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

MOTHER

(14) NAME BEFORE MARRIAGE Christine Nesbit

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE St James & C

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Bonadyn at 1:25 P. M., on the date above stated. (Born alive or stillborn) (Hour and P. M.)

(23) (Signature) Ralph W. Dease (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

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

(27) Filed 1/20 1922 at Charleston 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.