

## (1) PLACE OF BIRTH

County of Marion

Township of .....

Inc. Town of Marion

City of .....

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

## (2) Full Name of Child

Simmons

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? Y(5) Number in order of birth X(6) Are Parents Married? yes(7) DATE OF BIRTH 22 9

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Morris Simmons(9) PRESENT POSTOFFICE OF FATHER Marion S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 31(12) BIRTHPLACE Georgetown C.(13) OCCUPATION A. Teacher(20) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Rena Hedger(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 26(18) BIRTHPLACE Marion Co.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marion Edible(24) State whether Physician or Midwife(25) Address of Physician or Midwife Marion 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 May 10 1922(28) Local Registrar Lena F. Foyner

\*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.

RECORD OF COLUMBIA, COLUMBIA, S.C.