

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Helena
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37337

Registration District No. 604 Registered No. 181
 (For use of Local Registrar)

(No. St.; Ward)
 If born in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Jacob Simmons Jr. If child is not yet named, make supplemental report as directed

3 SEX OR Boy Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH Nov. 8, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Jacob Simmons Jr.9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.10) COLOR OR RACE Wdws 11) AGE AT LAST BIRTHDAY 35 (Years)12) BIRTHPLACE South Carolina13) OCCUPATION Farmer14) Number of children born to mother, including present birth 10

MOTHER.

14) NAME BEFORE MARRIAGE Evelina Mattis15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.16) COLOR OR RACE Wdws 17) AGE AT LAST BIRTHDAY 30 (Years)18) BIRTHPLACE South Carolina19) OCCUPATION Farmer20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Jamie Field (24) State whether Physician or Midwife (25) Address of Physician or Midwife Frogmore S.C.

Given name added from a supplemental report

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

(27) Filed 11/9/22 J.B. Shaw
 Registrar 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.