

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

MOHAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Berkley
Township of St Thomas
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
29100

Registration District No. 707 Registered No. 43
(For use of Local Registrar)

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

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 22 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Frank Simmons
(9) PRESENT POSTOFFICE OF FATHER Wando Sc
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25
(Years)
(12) BIRTHPLACE Berkley
(13) OCCUPATION day Laborer
(20) Number of children born to mother, including present birth Seven

MOTHER.
(14) NAME BEFORE MARRIAGE Annie Bennett
(15) PRESENT POSTOFFICE OF MOTHER Wando Sc
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27
(Years)
(18) BIRTHPLACE Berkley Sc
(19) OCCUPATION day Laborer
(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 o'clock on the date above stated. (Born alive or stillborn) (Hr. A. M. or P. M.)

(23) (Signature) Hester Lee
(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Wando Sc

Given name added from a supplemental report

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

(27) Filed Sept 30 1922 (28) V. L. James 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.