

## (1) PLACE OF BIRTH

County of Spartanburg

Township of .....

or  
Inc. Town of .....or  
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 Helen Juanita Simms (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD girl (4) Type of Birth Normal (5) Number of Births 1 (6) Age of Person Married 46 (7) DATE OF BIRTH Oct. 20 1923 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Clarence Simms</u>	(14) NAME BEFORE MARRIAGE <u>Alice Lick</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Moore S.C. N.I.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Moore S.C. N.I.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(12) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>19</u>
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>mil</u>	(14) BIRTHPLACE <u>Ga</u>	(15) OCCUPATION <u>domestic</u>
(16) Number of children born to mother, including present birth <u>2</u>	(18) Number of children of this mother now living, including present birth <u>2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(19) I hereby certify that I attended the birth of this child, who was alive at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(20) (Signature) J. H. Wright (21) Address of Physician or Midwife Jasmon

(22) State whether Physician or Midwife

(23) Given name added from a supplemental report

(24) Witness (Signature of Witness necessary when question 22 is signed by mother)

(25) Filed Nov. 1 1923 (26) 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.

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