

(1) PLACE OF BIRTH

County of *York*Township of *2nd*Inc. Town of *York*City of *York*

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

(2) Full Name of Child *Joe Simmons*(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth *one*(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

Dec 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Joe Simmons*(9) PRESENT POSTOFFICE OF FATHER *York S.C.*(10) COLOR OR RACE *Colored*(11) AGE AT LAST BIRTHDAY *34*
(Years)(12) BIRTHPLACE *York S.C.*(13) OCCUPATION *Teacher*(20) Number of children born to mother, including present birth *12*

MOTHER.

(14) NAME BEFORE MARRIAGE *Marie Simons*(15) PRESENT POSTOFFICE OF MOTHER *York S.C.*(16) COLOR OR RACE *Colored*(17) AGE AT LAST BIRTHDAY *32*
(Years)(18) BIRTHPLACE *York S.C.*(19) OCCUPATION *Housewife*(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 *white* at *4:40* P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Annabelle*(24) State whether Physician or Midwife *Midwife*(25) Address of Physic. or Midwife *York S.C.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 21 is signed by mark)

(27) Date *Dec 20 1922*(28) Local Registrar *B. M. Barron*

*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 sixth month of pregnancy.