

MARGIN HEREIN IS FOR FILING.
WHITE 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 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Florence</u>		STATE OF SOUTH CAROLINA		4169	
Township of <u>Simmons</u>		Bureau of Vital Statistics			
or Town of <u>Simmons</u>		State Board of Health			
City of <u>Simmons</u>		Registration District No. <u>2015</u>		Registered No. <u>10</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Robert Anderson</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>1/17/22</u>	
		To be answered only in event of Twin or Triplets		(Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Robert Anderson</u>			(14) NAME BEFORE MARRIAGE <u>Martha Cooper</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Simmons</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Simmons</u>		
(10) COLOR OR RACE <u>Caucasian</u>			(16) COLOR OR RACE <u>Caucasian</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u>			(17) AGE AT LAST BIRTHDAY <u>18</u>		
(12) BIRTHPLACE <u>Simmons</u>			(18) BIRTHPLACE <u>Simmons</u>		
(13) OCCUPATION <u>Bookkeeper</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>11</u> A. M. on the date above stated.					
(23) (Signature) <u>Augustine V. Williams</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Simmons Village</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)		
			(27) Filed <u>Jan 24 1922</u> <u>R. H. Nelson</u> Local Registrar		

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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