

(1) FRANCH OF BIRTH

County of Charleston S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for this register only

3234

Township of

or
Eas. Town ofor
City of Charleston S.C.Registration District No. 9 ARegistered No. 324

(For use of Local Registrar)

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

(2) Full Name of Child Samuel Aiken Simons

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl

(4) Twin or triplet?

(5) Number in order of birth 1

(6) Are Parents Married?

(7) DATE OF BIRTH Feb 6 1923

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Albert Simons(9) PRESENT POSTOFFICE OF FATHER 101 St. PhillipCharleston S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Architect(14) Number of children born to mother, including present birth 3

MOTHER

(15) NAME BEFORE MARRIAGE Married Parker Stany(16) PRESENT POSTOFFICE OF MOTHER 101 St. PhillipCharleston S.C.(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 26 (Years)(19) BIRTHPLACE Charleston S.C.(20) OCCUPATION Wife(21) 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 alive at 2:45 P.M. on the date above stated. (Mark above or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/16/23(28) J. M. ...

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.