

(1) PLACE OF BIRTH

County of FlorenceTownship of TIMMONSVILLE, S. C.

or Town of

or City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

44559

Registration District No. 2015Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child

Beatrice Simon

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

(3) SEX Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Dec 20, 23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Levin Simon(9) PRESENT POSTOFFICE OF FATHER TIMMONSVILLE, S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE Darlington, S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER

(15) NAME BEFORE MARRIAGE Rosa Brasong

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 27 (Year)(19) BIRTHPLACE Sumter, S. C.(20) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 a M., on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Green

(24) State whether Physician or Midwife

(25) Address of Physn. or Midwife

Given name added from a supplemental report

(26) Witness W. H. Green (Signature of Witness necessary only when question 23 is signed by mark)(27) Date Jan 30, 24 (28) 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.

MAKING RESERVED FOR BUREAU. THIS IS A PRELIMINARY REPORT. WHEN FINAL, WITH NECESSARY INFORMATION, AND WITH A SEPARATE BLANK FOR EACH CHILD, AND WITH A SET OF FORMS ON TRANSMITTAL AND A SEPARATE BLANK FOR EACH CHILD, NO. 1, THIS FORM, NO. 2, NO. 3, NO. 4, NO. 5, NO. 6, NO. 7, NO. 8, NO. 9, NO. 10, NO. 11, NO. 12, NO. 13, NO. 14, NO. 15, NO. 16, NO. 17, NO. 18, NO. 19, NO. 20, NO. 21, NO. 22, NO. 23, NO. 24, NO. 25, NO. 26, NO. 27, NO. 28, NO. 29, NO. 30, NO. 31, NO. 32, NO. 33, NO. 34, NO. 35, NO. 36, NO. 37, NO. 38, NO. 39, NO. 40, NO. 41, NO. 42, NO. 43, NO. 44, NO. 45, NO. 46, NO. 47, NO. 48, NO. 49, NO. 50, NO. 51, NO. 52, NO. 53, NO. 54, NO. 55, NO. 56, NO. 57, NO. 58, NO. 59, NO. 60, NO. 61, NO. 62, NO. 63, NO. 64, NO. 65, NO. 66, NO. 67, NO. 68, NO. 69, NO. 70, NO. 71, NO. 72, NO. 73, NO. 74, NO. 75, NO. 76, NO. 77, NO. 78, NO. 79, NO. 80, NO. 81, NO. 82, NO. 83, NO. 84, NO. 85, NO. 86, NO. 87, NO. 88, NO. 89, NO. 90, NO. 91, NO. 92, NO. 93, NO. 94, NO. 95, NO. 96, NO. 97, NO. 98, NO. 99, NO. 100.