

(1) PLACE OF BIRTH

County of SumterTownship of Holly Hillor Inc. Town of Holly Hillor City of Holly Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3609 Registered No. 78

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child George Simmons (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u> </u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 1, 1927</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME George Simmons

(9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Bertha Lee Williams

(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION cook

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Laney H. Harris(24) State whether Physician or Midwife(25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(26) Witness M. H. Hesseman

(Signature of Witness necessary only when question 22 is signed by mark)

Filed June 5, 1927(27) H. M. Hesseman Local Registrar

TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

COLUMBIA, SOUTH CAROLINA