

(1) PLACE OF BIRTH
County of Jefferson
Township of Jefferson
or
Inc. Town of Jefferson
or
City of Jefferson

CERTIFICATE OF BIRTH
Bureau of Vital Statistics
State Board of Health

Registration District No. 701

Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child Andrew James Simon (If child is not yet named, make name here.)

(3) SEX OF CHILD Boy (4) TIME OF BIRTH 11:30 A.M. (5) DAY OF BIRTH Nov. 2, 1920

FATHER
(6) FULL NAME Andrew Simon
(7) PRESENT RESIDENCE OF FATHER Mt. Beth, S.C.
(8) COLOR OR RACE Negro (9) AGE AT LAST BIRTHDAY 44 (Years)
(10) BIRTHPLACE Beckley County
(11) OCCUPATION Laborer

MOTHER
(12) FULL NAME Dorah Simon
(13) PRESENT RESIDENCE OF MOTHER Mt. Beth, S.C.
(14) COLOR OR RACE Negro (15) AGE AT LAST BIRTHDAY 36 (Years)
(16) BIRTHPLACE Beckley County
(17) OCCUPATION Housewife

(18) Number of children born to mother, including present child 12 (19) Number of children of this mother now living, including present child 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(20) I hereby certify that I attended the birth of this child, who was Andrew J. Simon on the date above stated. (Born alive or stillborn) (How A. B.)

(21) (Signature) Susan M. Gray (22) Since whether Physician or Midwife (23) Address of Physician or Midwife Mt. Beth

Given name added from a questionnaire and report
(24) Witness Mt. Beth
(25) (Signature of Witness necessary only when question 24 is signed by mark)
(26) Filed Nov. 1, 1920 (27) N.A.M.

When a physician or midwife, then the father, householder, or other person present at the birth, if not a physician or midwife, shall be required to sign the certificate of birth.