No. 3

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
17783

County of Calhoun
Township of Pine Grove
or
Inc. Town of Lone Star SC
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 803 Registered No. 54
(For use of Local Registrar)

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 23, 1922 (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

| FATHER. | | MOTHER. | |
|---|---|---|---|
| (8) FULL NAME | Sol Simmons | (14) NAME BEFORE MARRIAGE | Evesta Smoot |
| (9) PRESENT POSTOFFICE OF FATHER | Lone Star SC | (15) PRESENT POSTOFFICE OF MOTHER | Lone Star SC |
| (10) COLOR OR RACE | Negro | (16) COLOR OR RACE | Negro |
| (11) AGE AT LAST BIRTHDAY (Years) | 28 | (17) AGE AT LAST BIRTHDAY (Years) | 18 |
| (12) BIRTHPLACE | Lone Star SC | (18) BIRTHPLACE | Lone Star SC |
| (13) OCCUPATION | farmer | (19) OCCUPATION | Wife |
| (20) Number of children born to mother, including present birth | 2 | (21) Number of children of this mother now living, including present birth | 2 |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (Born alive or ~~stillborn~~) (Hour A. M. or P. M.)

(23) (Signature) Phillis Soth

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lone Star SC

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness Mrs. J. D. Stoudemire
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 30 1922 (28) J. D. Stoudemire
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.