

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Charleston  
 Township of Johns Island  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
8285

Registration District No. 92.5 Registered No. 19  
 (For use of Local Registrar)

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

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

(3) SEX OR OTHER	(4) Twin or Triplet To be covered only in case of Twins or Triplets	(5) Number in order of birth	(6) Sex before marriage	(7) DATE OF BIRTH <u>Feb 20 1923</u> (Name of Month) (Day) (Year)
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**FATHER**

(8) FULL NAME Illegal

(9) PRESENT OCCUPATION OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY .....  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth Two

**MOTHER**

(15) NAME BEFORE MARRIAGE Anna Belle Simmons

(16) PRESENT OCCUPATION OF MOTHER Johns Island

(17) COLOR OR RACE Negro

(18) AGE AT LAST BIRTHDAY .....  
(Years)

(19) BIRTHPLACE

(20) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Hannah Bennett  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

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

(27) Filed Mar 31 1923 (28) Mrs. J. H. Hills  
 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.