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U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland
Township of Blythewood
or
Inc. Town of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 3800

FILE No.—For State Registrar Only

01157Registered No.
(For use of Local Registrar)City of (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 Daisy Mae Simons { If child is not yet named, make supplemental report as directed.3. Boy or girl If Plural births { 4. Twin, triplet or other 6. Premature 7. Are Parents Married? yes 8. Date of birth Feb. 8, 1922
5. Number, in order of birth Full term (Month, day, year)9. Full name Wesley Simons FATHER 18. Name before marriage Cassie Mc Donald MOTHER
10. Residence (mailing address) Blythewood 19. Residence (mailing address) Blythewood
(If non-resident, give place and State)11. Color or race Negro 12. Age at child's birth 28 (years) 20. Color or race Negro 21. Age at child's birth 27 (years)
13. Birthplace (city or place) Blythewood, S.C. 22. Birthplace (city or place) Blythewood, S.C.
(State or country)OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 35 25. Date (month and year) last engaged in this work 19. 26. Total time (years) spent in this work 20 19.27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, period of gestation months weeks 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Given name added from a supplementary report
(Date of)

Registrar.

(Signed) Cassie Simons Parent

OR Guardian

Address R.D. 3, Box 618, Blythewood, S.C.Filed July 28, 1922 I. A. Riser, MD

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)