

6/11/43

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

1. PLACE OF BIRTH

County of Richland
Township of Blytheville
or
Inc. Town of _____
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

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)

2. FULL NAME OF CHILD

Daisy Mae Simons

{ If child is not yet named, make supplemental report as directed }

3. Boy or Girl <u>Girl</u>	If Plural births _____	4. Twin, triplet or other _____	5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Feb. 8, 1922</u> (Month, day, year)
9. Full name <u>Wesley Simons</u> FATHER				18. Name before marriage <u>Cassie Mc Donald</u> MOTHER		
10. Residence (mailing address) (If non-resident, give place and State) <u>Blytheville</u>				19. Residence (mailing address) (If non-resident, give place and State) <u>Blytheville</u>		
11. Color or race <u>Negro</u>		12. Age at child's birth <u>38</u> (years)		20. Color or race <u>Negro</u>		21. Age at child's birth <u>37</u> (years)
13. Birthplace (city or place) (State or country) <u>Blytheville, S.C.</u>				22. Birthplace (city or place) (State or country) <u>Blytheville, S.C.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</u>				23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
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 <u>35</u>		25. Date (month and year) last engaged in this work _____
19. _____				19. _____		26. Total time (years) spent in this work <u>20</u>
27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>						
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, Blytheville, S.C.Filed July 28, 1943 L.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.)