

(1) PLACE OF BIRTH

County of PickensTownship of HarrisonOR
Inc. Town of

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

Mary Simmons (If child is not yet named, make supplemental report as directed)(3) SEX OR CHILD girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number to Order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Sept 16, 1933 (Name of Month (Day) (Year))

FATHER.

(8) FULL NAME William Simons(9) PRESENT RESIDENCE OF FATHER Central # 2(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Kelly(15) PRESENT RESIDENCE OF MOTHER Central # 2(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Mrs. Emma Mark

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

.....
.....
..... 19

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

(27) Filed 10/2/33 (28) Miss Mark 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.

Bureau of Columbia, Columbia, S. C.