

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of St. James SanteeOR
Inc. Town of McClellanvilleOR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41384

Registration District No. 906 Registered No. 102

(For use of Local Registrar)

(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 Harry Simmons

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 4(6) Are Parents Married? yes

(7) DATE OF

BIRTH Dec 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Simmons(9) PRESENT POSTOFFICE OF FATHER Santee(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Charleston Co(13) OCCUPATION Day Labor(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lena Pickins(15) PRESENT POSTOFFICE OF MOTHER Santee(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Charleston Co(19) OCCUPATION Day Labor(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Reiter Pickins(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Santee

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 11 1922(28) Les E. Beckman
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.