

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.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of
Township of
OR
Inc. Town of
OR
City of Charleston

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

File No.—For State Registrar Only
29176

Registration District No. 9 A Registered No. 1299
(For use of Local Registrar)
(No. 6 Berkeley 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

Wilford 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 Twin or Triplet (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 15, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wilford Simmons
(9) PRESENT POSTOFFICE OF FATHER Charleston, S. C.
(10) COLOR OR RACE Negro. (11) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE John's Island, S. C.
(13) OCCUPATION Steward.

MOTHER.
(14) NAME BEFORE MARRIAGE Evadne Brown
(15) PRESENT POSTOFFICE OF MOTHER Charleston S. C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE John's Island, S. C.
(19) OCCUPATION Domestic.

(20) Number of children born to mother, including present birth One (1) (21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harold S. Penhew, M. D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
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15
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 9/17 1922 McGraw-Hill 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.

Registrar.

Filed

Corrected NOV 2