

## (1) PLACE OF BIRTH

County of Dorchester  
 Township of Dorchester  
 OR  
 Inc. Town of .....  
 OR  
 City of Summerville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42159

Registration District No. 17A Registered No. 85  
 (For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? No (7) DATE OF BIRTH Dec 14 1922  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Simmons  
 (9) PRESENT POSTOFFICE OF FATHER Summerville, S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 17  
 (12) BIRTHPLACE Summerville, S.C.  
 (13) OCCUPATION House Boy  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Dorothy Prager  
 (15) PRESENT POSTOFFICE OF MOTHER Lincolnton, S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17  
 (18) BIRTHPLACE Lincolnton, S.C.  
 (19) OCCUPATION Cook  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

Died 11:30 am

(23) (Signature)

(24) State South Carolina Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 10 1923

(28)

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.

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