

## (1) PLACE OF BIRTH

County of *Richland Co*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

5060

Township of .....

Inc. Town of .....

City of *Columbia S C* (No. ....)

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

Registration District No. *38*Registered No. *136*

(For use of Local Registrar)

St. *Five* Ward(2) Full Name of Child *MARY SIMON*

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

(3) BOY OR GIRL *girl*(4) Twin or Triplet *no*(5) Number in order of birth *one*(6) Are Parents Married? *yes*

(7) DATE OF

BIRTH *Feb 20 1923*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Walter Simon*(9) PRESENT POSTOFFICE OF FATHER *1012 Tobacco St*(10) COLOR OR RACE *Wh*(11) AGE AT LAST BIRTHDAY *28*

(Years)

(12) BIRTHPLACE *Cpl Jct 22a*(13) OCCUPATION *day laborer*(20) Number of children born to mother, including present birth *one*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Jovie Davis*(15) PRESENT POSTOFFICE OF MOTHER *1012 Tobacco St*(16) COLOR OR RACE *Wh*(17) AGE AT LAST BIRTHDAY *24*

(Years)

(18) BIRTHPLACE *Cpl Jct 22a*(19) OCCUPATION *house keep*(21) Number of children of this mother now living, including present birth *two*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *7 a. m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Maggie Jones*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *1414 Whaley St*

(26) Given name added from a supplemental report

(28) Witness

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

(27) Filed *11/26/26* 19 *23*(29) *A. J. Strain*

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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