

Form No. 1

## (1) PLACE OF BIRTH

County of Lexington  
 Township of Orange  
 or  
 Inc. Town of .....

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

File No.—For State Registrar Only

43494

Registration District No. 3100 Registered No. 149  
 (For use of Local Registrar)

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 Mervelle Simmons child is not yet named, make supplemental report as directed

(3) BOY OR GIRL G. (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 7 19 20  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Harry Simmons  
 (9) PRESENT POSTOFFICE OF FATHER Brookland S.C.  
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 20 (Years)  
 (12) BIRTHPLACE Lexington Co.  
 (13) OCCUPATION Public work.  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Lee  
 (15) PRESENT POSTOFFICE OF MOTHER Brookland S.C.  
 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 17 (Years)  
 (18) BIRTHPLACE Lexington Co.  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Sallie Jones  
 (24) State whether Physician or Midwife 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 12/16 19 20 (28) J. C. Lybrand 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.