

County of Charleston
Township of

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

No. 405
12

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

Registration District No. 9 A
(No. 284 Robley St. 12 Ward)

Registered No.
(For use of Local Registrar)

(1) Full Name of Child George Brown Simmons
(If child is not yet named, make supplemental report as directed)

(2) SEX OF CHILD Male (3) Type or Triple? Single (4) Number in order of birth 1 (5) Are Parents Married? Yes (6) DATE OF BIRTH Jan 11 1923
(Month) (Day) (Year)

FATHER
(7) FULL NAME Joseph Simmons
(8) PRESENT POSTOFFICE OF FATHER Charleston
(9) COLOR OR RACE Col. (10) AGE AT LAST BIRTHDAY 35 (Years)
(11) BIRTHPLACE John's Island, S.C.
(12) OCCUPATION Plasterer
(13) Number of children born to mother, including present birth 4

MOTHER
(14) NAME BEFORE MARRIAGE Anna Brown
(15) PRESENT POSTOFFICE OF MOTHER Charleston
(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Mt. Pleasant, S.C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Born alive or stillborn) (P.M. or A.M.)

(22) (Signature) F. J. Penn, M.D.
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Refer Hospital
(25) Witness (Signature of Witness necessary only when question is asked) Wm. D. Dr.
(26) Filed 1/15 1923 (27) 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.