

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
 Township of Spartanburg
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26792

Registration District No. 195 Registered No. 60
 (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 John Henry Simpson If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married Yes (7) DATE OF BIRTH Sept. 18, 1918
 To be answered only in event of Twin or Triplet (Name of child) (Day) (Year)

FATHER.

(8) FULL NAME Willie Simpson
 (9) PRESENT POSTOFFICE OF FATHER Donald
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20
 (12) BIRTHPLACE Abbeville County
 (13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Rice
 (15) PRESENT POSTOFFICE OF MOTHER Donald
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21
 (18) BIRTHPLACE Laurens County
 (19) OCCUPATION Housewife

(20) 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 at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Suris Washington
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Donald

Given name added from a supplemental report

(26) Witness L. H.
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 6, 1918 (28) Suris Washington
 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.

USE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.