

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 X. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 3.

Seal of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of
 or
 Inc. Town of
 or
 City of Abbeville
 (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

Registration District No. 1A Registered No. 32
 (For use of Local Registrar)

(No. Brooks St.; Ward)

(2) Full Name of Child William Jefferson Simpson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH April 20 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. T. Simpson

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 30
 (Years)

(12) BIRTHPLACE

Anderson S.C.

(13) OCCUPATION

Mill Work

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Stoniker

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 27
 (Years)

(18) BIRTHPLACE

Elberton Ga.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) G. C. Gambrell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Abbeville S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) April 25 1923

(28) Miss Julia McCallister
 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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