

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville....

Township of

Inc. Town of Donalds S.C.

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 105File No. 26789 State Registrar OnlyRegistered No.
(For use of Local Registrar)(No. Home 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) 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 Sept. 18, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wallie Simpson(9) PRESENT POSTOFFICE OF FATHER Donalds S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION Farming(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Rice(15) PRESENT POSTOFFICE OF MOTHER Donalds S.C.

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive.... at 6 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Doris Washington(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Donalds S.C. R. 1

Given name added from a supplemental report

(26) Witness John Henry Simpson
(Signature of Witness necessary only when question 23 is signed by mark)(27) made at Sept. 18, 1923 (28) Donalds S.C. Local Registrar.When there was no birth, the father, householder, etc., should make this return.
If a child breathes even once, it is reported as stillborn. No report is desired of stillbirths
of 4th month of pregnancy.THIS IS A PERMANENT RECORD.
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 1.

Bureau of Statistics, Columbia, S. C.