

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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 1.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		5000	
Township of <u>Abbeville</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>105</u>		Registered No. <u>21</u>	
or				(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 <u>Cherry Raymond Simpson</u>					
If child is not yet named, make supplemental report as directed					
(3) <u>BOY OR GIRL</u>	(4) <u>Sex</u> To be answered only in event of Twins or Triplets	(5) <u>Number in order of birth</u>	(6) <u>Are Parents Married</u>	(7) <u>DATE OF BIRTH</u> (Name of Month) (Day) (Year)	
<u>Girl</u>		<u>1</u>	<u>Yes</u>	<u>March 26</u> <u>1923</u>	
FATHER.			MOTHER.		
(8) <u>Full Name</u> <u>Raymond Elton Simpson</u>			(9) <u>Name before Marriage</u> <u>Clary Anna Bryson</u>		
(10) <u>Present Postoffice of Father</u> <u>Belton P. O. #1</u>			(11) <u>Present Postoffice of Mother</u> <u>Belton P. O. #1</u>		
(12) <u>COLOR OR RACE</u> <u>White</u>			(13) <u>COLOR OR RACE</u> <u>White</u>		
(14) <u>AGE AT LAST BIRTHDAY</u> <u>26</u>			(15) <u>AGE AT LAST BIRTHDAY</u> <u>24</u>		
(16) <u>BIRTHPLACE</u> <u>Anderson Co</u>			(17) <u>BIRTHPLACE</u> <u>Abbeville Co</u>		
(18) <u>OCCUPATION</u> <u>Merchant</u>			(19) <u>OCCUPATION</u> <u>Housewife</u>		
(20) <u>Number of children born to mother, including present birth</u>			(21) <u>Number of children of this mother now living, including present birth</u>		
<u>1</u>			<u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>11:20</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>B. C. Cullen M.D.</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Belton</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>April 16</u> <u>1923</u> (28) <u>James H. Humphreys</u> 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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