

THIS FOR BONDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 If 2—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.

(1) PLACE OF BIRTH

County of Laurens
 Township of Cross Hill
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 41283—For State Registrar Only

Registration District No. 2.00

Registered No. 2
 (For use of Local Registrar)

(if birth occurs in a hospital or other institution, give name of same instead of street and number)
 (No. St.; Ward)

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

(3) SEX OR CHILD Girl (4) Type or Triplet To be answered only in case of Twins or Triplets (5) Age Parents Married Yes (6) DATE OF BIRTH Dec 20 1906
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Frank Simpson
 (9) PRESENT POSTOFFICE OF FATHER Cross Hill S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Cotton Buyer
 (14) Number of children born to mother, including present birth 1 Less

MOTHER.
 (14) NAME BEFORE MARRIAGE Miss Nell
 (15) PRESENT POSTOFFICE OF MOTHER Cross Hill S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 1 Less

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) C. B. Mills (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cross Hill

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Signed Wm. H. Lee (28) Wm. H. Lee Local Registrar.

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes known such, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.