

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RETURN.  
 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.

(1) PLACE OF BIRTH  
 County of Abbeville  
 Township of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Form.—For State Registrar Only  
**8945**

Inc. Town of .....

Registration District No. 1.A. Registered No. 31  
 (For use of Local Registrar)

City of Abbeville (No. Brooks 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 Jack Wilbar Simpson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <b>Boy</b>	(4) Twin or Triplet? <b>To be completed only in case of Twin or Triplet</b>	(5) Number in order of birth <b>1</b>	(6) Are Parents Married? <b>Yes</b>	(7) DATE OF BIRTH <b>April 20 1923</b> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <b>B. T. Simpson</b>		(14) NAME BEFORE MARRIAGE <b>Lula Stoniker</b>		
(9) PRESENT POSTOFFICE OF FATHER <b>Abbeville S.C.</b>		(15) PRESENT POSTOFFICE OF MOTHER <b>Abbeville S.C.</b>		
(10) COLOR OR RACE <b>White</b>	(11) AGE AT LAST BIRTHDAY <b>30</b> (Years)	(16) COLOR OR RACE <b>White</b>	(17) AGE AT LAST BIRTHDAY <b>27</b> (Years)	
(12) BIRTHPLACE <b>Anderson Co. S.C.</b>		(18) BIRTHPLACE <b>Elberton Ga.</b>		
(13) OCCUPATION <b>Mill Work</b>		(19) OCCUPATION <b>Housewife</b>		
20. Number of children born to mother, including present birth <b>5</b>		21. Number of children of this mother now living, including present birth <b>4</b>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) C. 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) Filed April 25 1923 Madison Julia McAllister  
 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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