

MARGIN RESERVED FOR BINDING.

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.

Bureau of Columbia, Columbia, S. C.

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

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

For State Registrar Only
8945

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

(2) Full Name of Child JACK MILBAX SIMPSON (If child is not yet named, make supplemental report as directed)

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

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 Madeline 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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