

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

17455

Registration District No.

Registered No.

(For use of Local Registrar)

St.; Ward

If child is not yet named, make supplemental report as directed

(3) Sex <i>Male</i>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Mar. 23, 23</i> (Name of Month) (Day) (Year)
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FATHER  
(8) FULL NAME  
*Joseph Pearson*(9) PRESENT POSTOFFICE OF FATHER  
*Ridgville*(10) COLOR OR RACE  
*neg. to* (11) AGE AT LAST BIRTHDAY  
*44* (Years)(12) BIRTHPLACE  
*So. Car.*(13) OCCUPATION  
*Tramcar.*(20) Number of children born to mother, including present birth  
*9*MOTHER  
(14) NAME BEFORE MARRIAGE  
*Lillie Davis*(15) PRESENT POSTOFFICE OF MOTHER  
*Ridgville*(16) COLOR OR RACE  
*neg. to* (17) AGE AT LAST BIRTHDAY  
*40* (Years)(18) BIRTHPLACE  
*So. Car.*(19) OCCUPATION  
*Domestic*(21) Number of children of this mother now living, including present birth  
*7*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *5:12 P.M.* on the date above stated. (Born *stillborn* Hour A. M. or P. M.)(23) (Signature)  
*Martha Davis*(24) State whether Physician or Midwife  
*midwife*(25) Address of Physician or Midwife  
*Ridgville, S.C.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness, necessary only when question 23 is answered "stillborn")

(27) Filed  
*Mar. 30, 23*(28) Local Registrar  
*G. H. Johnston*

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.