

(1) PLACE OF BIRTH

County of Darlington

Township of

or
Inc. Town ofor
City of Darlington

(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

File No. — For State Registrar Only

41926

Registration District No. 15A Registered No. 139

(For use of Local Registrar)

(2) Full Name of Child Bertie Mae Pearson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 7 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Elvie Pearson(14) NAME BEFORE MARRIAGE Martha Ethelys Weaver(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE South Carolina(18) BIRTHPLACE South Carolina(13) OCCUPATION Textile(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth One(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 6:10 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Darlington 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 Jan 1 1923 (28) E. A. Early 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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