

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of WilliamstonInc. Town of Rehoboth

City of

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38No. 38462Registered No. 165
(For use of Local Registrar)

St. Ward)

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

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

(1) BOY OR GIRL <u>boy</u>	(2) Twin or Triplet To be answered only in case of Twin or Triplet	(3) Number in order of birth <u>1st</u>	(4) Are Parents Married <u>yes</u>	(5) DATE OF BIRTH <u>Dec 4, 1923</u> (Month) (Day) (Year)
FATHER.				MOTHER.
(6) FULL NAME <u>J. L. Pearson</u>				(10) NAME BEFORE MARRIAGE <u>Kate Bell Watson</u>
(7) PRESENT POSTOFFICE OF FATHER <u>Plyer 56</u>				(11) PRESENT POSTOFFICE OF MOTHER <u>Plyer 56</u>
(8) COLOR OR RACE <u>White</u>				(12) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(9) BIRTHPLACE <u>Anderson County</u>				(13) COLOR OR RACE <u>White</u>
(10) OCCUPATION <u>Mill Worker</u>				(14) AGE AT LAST BIRTHDAY <u>16</u> (Years)
(11) BIRTHPLACE <u>Plyer 56</u>				(15) BIRTHPLACE <u>Plyer 56</u>
(12) OCCUPATION <u>Domestic</u>				(16) OCCUPATION <u>Domestic</u>
(13) Number of children born to mother, including present birth <u>one</u>				(17) Number of children of this mother now living, including present birth <u>one</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at H.H. M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. R. S. S. S.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Plyer 56

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Jan 2, 1924(28) J. L. Pearson(29) 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.