

(1) PLACE OF BIRTH

County of Coconino
 Township of Chino
 or
 Inc. Town of
 or
 City of

(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

4781

Registration District No. 31-06 Registered No. 1-1
 (For use of Local Registrar)

(2) Full Name of Child Mary Pearson

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

3) BOY OR GIRL Girl 4) Twin or Triplet 5) Number in order of birth 6) Are Parents Married / 7) DATE OF BIRTH Feb 15 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Blandi Pearson9) PRESENT POSTOFFICE OF FATHER Chino10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 22 (Year)12) BIRTHPLACE Coconino Co. A. S.13) OCCUPATION Fireman20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Minnie Nichols15) PRESENT POSTOFFICE OF MOTHER Chino16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 20 (Year)18) BIRTHPLACE Chino19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. Richard Thompson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Chino

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 15 1923 (28) Wm. Richard Thompson 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.