

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR HIS CLERK. 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 5.

(1) PLACE OF BIRTH

County of Harri  
Township of Whispering Creek  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22678

Registration District No. 7509 Registered No. 66  
(For use of Local Registrar)

City of.....(No. ....St.; .....Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Herbert P. Pearson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12, 1922  
(Same of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Herbert P. Pearson  
(9) PRESENT POSTOFFICE OF FATHER Albion S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36.....  
(Years)  
(12) BIRTHPLACE Albion S.C.  
(13) OCCUPATION Farmer

MOTHER.  
(14) NAME BEFORE MARRIAGE Rebecca Hughes  
(15) PRESENT POSTOFFICE OF MOTHER Albion S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32.....  
(Years)  
(18) BIRTHPLACE Horn County S.C.  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth Five (5) (21) Number of children of this mother now living, including present birth Five (5)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive.....at 9.....P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Elsie Monahan Dewitt  
(24) State whether Physician or Midwife (25) Address of Physi. or Midwife Albion S.C.

Given name added from a supplemental report

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

....., 19.....  
Registrar

(27) Filed July 1, 1922 (28) Hughes 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.