

(1) PLACE OF BIRTH

County of Sumter, S.C.

Township of

or
Inc. Town ofor
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 HealthNo. for State Register only
19285Registration District No. 412 Registered No. 104

(For use of Local Registrar)

(No. Thorney Hospital; Ward)(2) Full Name of Child Olivia Nadine Pearce If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet

To be covered only in event of Twin or Triplet

(5) Number in order of birth

(6) Sex

(7) DATE OF BIRTH

June 7, 1928

FATHER

(8) FULL NAME Eric Kasper Pearce(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Winston-Salem, N.C.(13) OCCUPATION Furniture Dealer(14) Number of children born to mother, including present birth 2

MOTHER

(15) NAME BEFORE MARRIAGE Olivia(16) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 33 (Years)(19) BIRTHPLACE Winston-Salem, S.C.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White (Born alive or stillborn) (Hour 1:30 P.M.) on the date above stated.(23) (Signature) H. D. [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 11, 1928(28) H. D. [Signature]

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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