

PLACE OF BIRTH

City of Chesterfield  
 County of St. Louis

# CERTIFICATE OF BIRTH

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

File No. — for State Register Only

~~1000-4~~ 9933-2

Registration District No. 2206 Registered No. 26  
 (For use of Local Registrar)  
 (No. of Street) (No. of Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child

Pearson

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

(1) OR SELF	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
<u>1</u>	<u>No</u>	<u>1</u>	<u>Yes</u>	<u>3</u> <u>31</u> <u>1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(14) NAME BEFORE MARRIAGE			<u>Phyllis</u>	
(15) PRESENT POSTOFFICE OF FATHER			<u>Paykeland</u>	
(16) COLOR OR RACE			(17) AGE AT LAST BIRTHDAY	
<u>White</u>			<u>32</u> (Years)	
(18) BIRTHPLACE			<u>Paykeland</u>	
(19) OCCUPATION			<u>Farmer</u>	
(20) Number of children born to mother, including present birth			<u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 11:30 on the date above stated.

(23) (Signature) Dr. H. H. Hanson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Paykeland

Name added from a supplemental report

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

(27) Filed Nov 8, 1923 (28) H. H. Hanson Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child was even once, it must not be reported as stillborn before the fourth month of pregnancy.