(1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of Florence

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4110

Registration District No. 20-A Registered No. 71
(For use of Local Registrar)

(No. 35 Houston ave St., One Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Everett Kenneth Pearce — Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes — (7) DATE OF BIRTH Feb. 28, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER	MOTHER
(8) FULL NAME James Olin Pearce	(14) NAME BEFORE MARRIAGE Telma Register
(9) PRESENT POSTOFFICE OF FATHER Florence Sc.	(15) PRESENT POSTOFFICE OF MOTHER Florence Sc.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Florence Co., Sc.	(18) BIRTHPLACE Florence Co., Sc.
(13) OCCUPATION Painter	(19) OCCUPATION House-wife
(20) Number of children born to mother, including present birth One	(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7.30 A. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) M W Hicks M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Florence, Sc.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed March 8 1922 (28) C. C. Craft
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.