

(1) PLACE OF BIRTH

County of Flam.
 Township of W. J. 2480.
 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

4139

Registration District No. 2487 Registered No. 114
 (For use of Local Registrar)

(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

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

(3) BOY OR GIRL girl (4) Twin or Triplet no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 28 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Pearl
 (9) PRESENT POSTOFFICE OF FATHER W. J. 2480.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26
 (Year)
 (12) BIRTHPLACE D.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Mary Pearl
 (15) PRESENT POSTOFFICE OF MOTHER W. J. 2480.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
 (Year)
 (18) BIRTHPLACE D.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) James P. Robinson(24) State whether Physician or Midwife(25) Address of Physician or Midwife W. J. 2480.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 28 1922(28) James P. Robinson

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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
 N. B.—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.