

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Sumter

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

Township of Sumter

State Board of Health

File No.—For State Registrar Only
44778

or
Inc. Town of

Registration District No. 4104

Registered No. 170

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 Lacey Mottie Pierson

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (1) (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 22 1917
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Presley Pierson

(14) NAME BEFORE MARRIAGE Mattie Debose

(9) PRESENT POSTOFFICE OF FATHER Trindal, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Trindal S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 14 (Years)

(12) BIRTHPLACE Clarendon Co S.C.

(18) BIRTHPLACE Clarendon Co S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth (1)

(21) Number of children of this mother now living, including present birth (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. S. DeLeon M.D.

(24) State whether Physician or Midwife: Physician (25) Address of Physician or Midwife: Sumter S.C.

Given name added from a supplemental report

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

191...
Registrar

(27) Filed Dec 24 1917 (28) J. H. Pierson del. 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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M. 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.
Caw, of Columbia.
McCaw