

(1) PLACE OF BIRTH

County of SanterTownship of Pinetreeor
Inc. Town of PinetreeCity of Pinetree

(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 Health

File No.—For State Registrar Only

44778

Registration District No. 4104Registered No. 170

(For use of Local Registrar)

(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? Yes

To be answered only in event of Twins or Triplets

(5) Number in order of birth (1)(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oresley Pierson(9) PRESENT POSTOFFICE OF FATHER Pinetree, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Clarendon Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth (1)

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie DeRose(15) PRESENT POSTOFFICE OF MOTHER Pinetree S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 14 (Years)(18) BIRTHPLACE Clarendon Co S.C.(19) OCCUPATION Housewife(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) O. S. Pierson M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Pinetree S.C.

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed Dec 24 1915

(28)

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

THIS FORM IS TO BE USED IN ALL CASES OF BIRTH, DEATH, OR STILLBIRTH, AND IS TO BE FILED IN THE OFFICE OF THE STATE REGISTRAR, COLUMBIA, SOUTH CAROLINA.