

WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN A 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.

**(1) PLACE OF BIRTH**  
 County of Richland.....  
 Township of .....  
 OR  
 Inc. Town of .....  
 OR  
 City of Columbia..... (No. 1808 Catawba Ave. St.; ..... Ward)  
 (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  
**19902**

Registration District No. 38a Registered No. 72  
 (For use of Local Registrar)

**(2) Full Name of Child** James Trubble Pearce... (If child is not yet named, make supplemental report as directed)

|                             |  |                              |                                     |   |
|-----------------------------|--|------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>May 24, 1922</u><br>(Name of Month) (Day) (Year) |
|-----------------------------|--|------------------------------|-------------------------------------|---|

**FATHER.**

(8) FULL NAME Thomas Butler Pearce.

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32... (Years)

(12) BIRTHPLACE Georgia.

(13) OCCUPATION Wholesale Produce

**MOTHER.**

(14) NAME BEFORE MARRIAGE Anna Trubble

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28... (Years)

(18) BIRTHPLACE Anderson S.C.

(19) OCCUPATION House wife.

(20) Number of children born to mother, including present birth 3 (Three)  
 (21) Number of children of this mother now living, including present birth Three (3)...

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*.**

(22) I hereby certify that I attended the birth of this child, who was born alive..... at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jessie D. Boy  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report .....  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 ..... 19 ..... Registrar  
 (27) Filed Jan 7, 1922 (28) W. H. ... 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.

MEDICAL DEPARTMENT, COLUMBIA, S. C.

before the fifth month of pregnancy.