

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Spartanburg*Inc. Town of *Spartanburg*(City of *Spartanburg*)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66296

Registration District No. *44*Registered No. *77*

(For use of State Registrar)

St. *7* Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child. *Walker Pearson* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *boy* (4) Twin or Triplet? *No* (5) Number in order of birth *3* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 7, 1916* (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Walker Pearson*(9) PRESENT POSTOFFICE OF FATHER *Moore Road, S.C.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *26* (Years)(12) BIRTHPLACE *Spartanburg Co.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Minnie Cox*(15) PRESENT POSTOFFICE OF MOTHER *Moore Road, S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *Spartanburg Co.*(19) OCCUPATION *House Keeping*(20) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9* A.M., on the date above stated. (Born *alive* or stillborn) (Hour A. M. or P. M.)(23) (Signature) *D. O. Pearson and M. D.*

(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)

(27) Registrar (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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