

STATIONER REQUESTED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 2.
M.Caw, of Columbia

(1) PLACE OF BIRTH

County of Greenville

Township of Bull

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. 56040

Registration District No. 2207

Registered No. 29

(For use of Local Registrar)

(2) Full Name of Child

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

(1) BOY OR GIRL? Girl (2) Twin or Triplet? — (3) Number in order of birth — (4) Are Parents Married? yes (5) DATE OF BIRTH Apr 29 (6) NAME OF MONTH April (7) NAME OF DAY 29 (8) NAME OF YEAR 1916

FATHER

(9) FULL NAME Jas. Pearson

(10) PRESENT POSTOFFICE OF FATHER Greenville R#2

(11) COLOR OR RACE negro (12) AGE AT LAST BIRTHDAY 45 (Years)

(13) BIRTHPLACE Greenville Co

(14) OCCUPATION Farmer

(15) Number of children born to mother, including present birth 2

MOTHER

(16) NAME BEFORE MARRIAGE Franky Jane Boyd

(17) PRESENT POSTOFFICE OF MOTHER Greenville R#2

(18) COLOR OR RACE negro (19) AGE AT LAST BIRTHDAY 21 (Years)

(20) BIRTHPLACE Greenville Co

(21) OCCUPATION Housewife

(22) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 10:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Franky Jane Boyd

(25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Greenville R#2

Given name added from a supplemental report

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

(28) Filed May 9, 1916 (29) W. C. White M.D. 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.