

Form No. 1

## (1) PLACE OF BIRTH

County of Fairfield  
 Township of 7  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17554

Registration District No. 16..... Registered No. 1717.....  
 (For use of Local Registrar)

(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

Radine Pearson

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

3. BOY OR  
GIRL?Girl4. Twin  
or Triplet5. Number in  
order of birth086. Are  
Parents  
Married?Yes

(7) DATE OF

BIRTH

June 1, 1917  
 (Name of Month) (Day) (Year)

## FATHER

8. FULL  
NAMEWally Pearson9. PRESENT  
POSTOFFICE  
OF FATHERMarionville10. COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY37

(Years)

12. BIRTHPLACE

Fairfield Co.

13. OCCUPATION

Public Works

## MOTHER

(14) NAME BEFORE  
MARRIAGEJohn M. Kinney(15) PRESENT  
POSTOFFICE  
OF MOTHERMarionville(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY36

(18) BIRTHPLACE

Fairfield Co.

(19) OCCUPATION

Harmon Work20. Number of children born to  
mother, including present birth08(21) Number of children of this mother  
now living, including present birth07

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Benjamin Pearson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Marionville

Given name added from a supplement-  
 al report

(26) Witness

J. H. Pearson  
 (Signatures of Witness necessary only  
 when question 22 is signed by mark)

(27) Filed by

W. S. Pearson

(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.