

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 7or
Inc. Town of

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 directed3. BOY OR GIRL? Girl 4. Twin or Triplet? No 5. Number in order of birth 08 6. Are Parents Married? Yes 7. DATE OF BIRTH Jan 1 1917
(Name of Month) (Day) (Year)

FATHER

8. FULL NAME Wally Pearson9. PRESENT POSTOFFICE OF FATHER Windsor10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 37
(Year)12. BIRTHPLACE Fairfield Co.13. OCCUPATION Public Works20. Number of children born to mother, including present birth 08

MOTHER

14. NAME BEFORE MARRIAGE Ann M. Kinney15. PRESENT POSTOFFICE OF MOTHER Windsor16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 3618. BIRTHPLACE Fairfield Co.19. OCCUPATION House Work21. Number of children of this mother now living, including present birth 07

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Benjamin
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Windsor

Given name added from a supplemental report

(26) Witness J. H. ...
(Signatures of Witness necessary only when question 22 is signed by mark)(27) Filed Jan 1 1917 (28) J. 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.