(1) PLACE OF BIRTH

County of Aiken

Township of Hanleeville

or

Inc. Town of .....

or

City of .....

(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

39928

Registration District No. 160 ½ Registered No. 146

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child No name

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

(3) Sex	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Male		2	Yes	Dec	1	25

FATHER.

(8) FULL NAME Jasper Pearce

(9) PRESENT POSTOFFICE OF FATHER Kintyre, S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Sc

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 10

MOTHER.

(14) MAIDEN NAME Kate Johnson

(15) PRESENT POSTOFFICE OF MOTHER Kintyre, S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Sc

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 30 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Thos Manning

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Kintyre

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 7 25 (28) W. D. Hardee Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

WHITE PAPER. WITH UNPRINTED SURFACE IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK. IF A PERMANENT RECORD IS DESIRED, USE BLACK INK. IF TWINS OR TRIPLETS ARE REPORTED, USE A SEPARATE BLANK FOR EACH CHILD, AND WRITE THE WORD TWIN OR TRIPLET ACROSS THE FACE OF EACH BLANK. IN CASE OF TWINS OR TRIPLETS, NO. 5, ETC., IN QUESTION 6 REFERS TO THE NUMBER OF CHILDREN BORN TO THE MOTHER, INCLUDING EACH TWIN OR TRIPLET. IN CASE OF STILLBORN, NO. 1, IN QUESTION 6 REFERS TO THE NUMBER OF CHILDREN BORN TO THE MOTHER, EXCLUDING THE STILLBORN CHILD. Section of Statistics, Columbia, S. C.