

(1) PLACE OF BIRTH

County of Shartanburg
 Township of Richville
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name 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
6184

Registration District No. H.B. 17 Registered No. 23
 (For use of Local Registrar)

(2) Full Name of Child Lisa Tabitha Pearson

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 10 19 20
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elyard Pearson
 (9) PRESENT POSTOFFICE OF FATHER none
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth: 1 Born

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie West
 (15) PRESENT POSTOFFICE OF MOTHER none
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth: 1 Born

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) D. P. H. Hargraves M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Shartanburg, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by nurse)

(27) Filed Feb. 17, 1920

(28)

Total Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child practices even once, it must not be reported as stillborn. No report is accepted of stillbirths before the sixth month of pregnancy.