

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Clark  
 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

42773

Registration District No. 22/3 Registered No. 81  
 (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 Oliver Pearson Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 27, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Oliver Pearson  
 (9) PRESENT POSTOFFICE OF FATHER Pelzer R 4  
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 27  
 (Year) (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Rich  
 (15) PRESENT POSTOFFICE OF MOTHER Pelzer R 4  
 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 31  
 (Year) (18) BIRTHPLACE S. C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... alive... at 6 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. R. O. W.(24) State whether Physician or Midwife Phys.(25) Address of Physician or Midwife Pelzer R 4 S. C.

Given name added from a supplemental report  
 .....

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

(27) Filed Dec. 22, 22 (28) W. A. R. O. W. 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.

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IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. IN CASE OF FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

MOBAC OF COLUMBIA, COLUMBIA, S. C.

MOBAC