

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. James
 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

41784

Registration District No. 1309 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 Willie James Pearson 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 14 22
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Cisero Pearson9) PRESENT POSTOFFICE OF FATHER Davis St. S.10) COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 25
 (Years)12) BIRTHPLACE Clarendon Co13) OCCUPATION Farmer20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Essie Pearson15) PRESENT POSTOFFICE OF MOTHER Davis St. S.16) COLOR OR RACE col 17) AGE AT LAST BIRTHDAY 21
 (Years)18) BIRTHPLACE Clarendon Co19) OCCUPATION Home freed21) 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 Essie M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Essie
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Davis St. S.

Given name added from a supplemental report

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

(27) Filed Dec 24 22 (28) J. Pickens
 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.