

Form No. 1

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 139-22-051089
(1) PLACE OF BIRTH County of <u>Fairfield</u> Township of or Inc. Town of or City of <small>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</small>		Registration District No. Registered No. <u>1911</u> <small>(For use of Local Registrar)</small> St. Ward
(2) Full Name of Child <u>Geo. Pearson</u>		If child is not yet named, make supplemental report as directed
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>
	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 31 1929</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.
(8) FULL NAME <u>Jim Pearson</u>		(14) NAME BEFORE MARRIAGE <u>Massie Gladys</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Windsboro</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Windsboro</u>
(10) COLOR OR RACE <u>Dark</u>	(11) AGE AT LAST BIRTHDAY <small>(Years)</small>	(16) COLOR OR RACE <u>OLA</u>
(12) BIRTHPLACE <u>Fairfield</u>	(17) AGE AT LAST BIRTHDAY <small>(Years)</small>	(18) BIRTHPLACE <u>Fairfield</u>
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at M., on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>		
(23) (Signature) <u>Levantine Sanders</u>		(25) Address of Physician or Midwife
(24) State whether Physician or Midwife		
Given name added from a supplemental report		(26) Witness <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>
..... 19 Registrar		(27) Filed <u>Jan 10 1929</u> (28) 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.

AFFIDAVIT NEXT FRAME

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