

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.

Form No. 1

(1) PLACE OF BIRTH

County of Farfield
Township of
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
139-22-051089

Registration District No. Registered No. 1911
(For use of Local Registrar)

(2) Full Name of Child Geo. Pearson

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 31, 1929
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jim Pearson
(9) PRESENT POSTOFFICE OF FATHER Winnboro
(10) COLOR OR RACE Dark (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Farfield
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Mossie Gladley
(15) PRESENT POSTOFFICE OF MOTHER Winnboro
(16) COLOR OR RACE Dark (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE Farfield
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Leone Sanders
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

....., 19 (27) Filed Jan 10, 1923 (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

1487