

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH ENLARGING 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.
 No. 100 of Columbia.

(1) PLACE OF BIRTH
 County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Greenville State Board of Health
 or
 Inc. Town of Registration District No. 2209 Registered No. 5
 or
 City of Brookton Mill (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
85808

(2) Full Name of Child } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>11. 5. 19</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>William J. Pearson</u>	(14) NAME BEFORE MARRIAGE <u>Hester Holliday</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>14 Smith St. Greenville, S.C.</u>			
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>A.C.</u>			
(13) OCCUPATION <u>Mill</u>	(19) OCCUPATION <u>Wife</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>10</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Brookton Mill on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) John H. Hill
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report 191.....
 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov 13 1919 (28) a H. ... Local Registrar

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

E T Y A F I L M