

FORM NO. 6
MARGIN RESERVED FOR BINDING.
WITH PLAIN, WITH ENLARGED FOR—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. 1 of Columbia.

(1) PLACE OF BIRTH
County of Greenville STATE OF SOUTH CAROLINA.
Township of Greenville Bureau of Vital Statistics
State Board of Health
Inc. Town of Brookton Mill Registration District No. 2209 Registered No. 5
City of Greenville (For use of Local Registrar)
St.: Ward
(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 <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 5 1914</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>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>S.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>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) John B. Will
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician 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 1914 (28) a H. Marking Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return when 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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