

Form No. 1.

(1) PLACE OF BIRTH

County of *Spartanburg*
Township of *Beech Springs*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. *87891*
For State Registrar Only

Registration District No. *4000* Registered No. *79*
(For use of Local Registrar)

(2) Full Name of Child *L. Robert 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 *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Nov. 16 1916*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Loke Pearson*
(9) PRESENT POSTOFFICE OF FATHER *Tucogau S.C.*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *29* (Years)
(12) BIRTHPLACE *Spring Co. S.C.*
(13) OCCUPATION *Mill work*
(20) Number of children born to mother, including present birth *7*

MOTHER.
(14) NAME BEFORE MARRIAGE *Lou Fortenberry*
(15) PRESENT POSTOFFICE OF MOTHER *Tucogau S.C.*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)
(18) BIRTHPLACE *Spring Co. S.C.*
(19) OCCUPATION *House wife*
(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *12 30 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *S. B. Moore*
(24) State whether Physician or Midwife *Phy.* (25) Address of Physician or Midwife *Tucogau S.C.*

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by marks)
(27) Filed *Nov 30 1916* (28) *S. B. Moore* Local Registrar

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. McCaw, of Columbia.

*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.