

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. For State Registrar Only

87891

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? *No* (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 *Lake Pearson*  
 (9) PRESENT POSTOFFICE OF FATHER *Lucayan D.C.*  
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *29* (Years)  
 (12) BIRTHPLACE *Spartanburg Co. D.C.*  
 (13) OCCUPATION *Mill work*  
 (20) Number of children born to mother, including present birth *3*

MOTHER.  
 (14) NAME BEFORE MARRIAGE *Lou Fortenberry*  
 (15) PRESENT POSTOFFICE OF MOTHER *Lucayan D.C.*  
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)  
 (18) BIRTHPLACE *Spartanburg Co. D.C.*  
 (19) OCCUPATION *Housewife*  
 (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 *Phys.* (25) Address of Physician or Midwife *Lucayan D.C.*

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 30 1916* (28) *S.B. Moore* 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.

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.