

(1) PLACE OF BIRTH

County of Auderson
Township of Honea-fath
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

40840

Registration District No. 307 Registered No. 15-3
(For use of Local Registrar)

(2) Full Name of Child James Herbert 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 Parent Married? Yes (7) DATE OF BIRTH 12-15-22
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Herbert Hamilton Pearson
(9) PRESENT POSTOFFICE OF FATHER Honea-fath, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Spartenburg Co.,
(13) OCCUPATION rice operator
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Andromeda Rogers
(15) PRESENT POSTOFFICE OF MOTHER Honea-fath S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Auderson Co
(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 Alive, at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or midwife (25) Address of Physician or Midwife Honea-fath S.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 Dec 31, 1922 (28) Jessie Williams 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.

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