

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28653

Registration District No. 3ARegistered No. 35-6

(For use of Local Registrar)

(No. Anderson C. Crayton St. Ward)(2) Full Name of Child William 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 2(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 12, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Madison Pearson(9) PRESENT POSTOFFICE OF FATHER Anderson College(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Subville Ala(13) OCCUPATION Major C. S. A(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Marguerite Charallier(15) PRESENT POSTOFFICE OF MOTHER Anderson College(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Suffenburg. Rhinier France(19) OCCUPATION House wife(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 4:20 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James F. Crayton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson S. C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by male)

F. B. CRAYTON,

(27) Filed 19 (28) ANDERSON, S. C.

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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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH INK, IN INK—THIS IS A PERMANENT RECORD. 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.

MOGAM OF COLUMBIA, COLUMBIA, S. C.