

WRITE PLAINLY, WITH UNFADING INK—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 8.

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| (1) PLACE OF BIRTH County of <u>Edgefield</u> Township of <u>Bluffton</u> OR Inc. Town of OR City of (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 Registration District No. <u>1501</u> | | File No.—For State Registrar Only <u>34240</u> |
| (2) Full Name of Child <u>James Pearson</u> (If child is not yet named, make supplemental report as directed) | | Registered No. <u>22</u> (For use of Local Registrar) | | |
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married <u>Yes</u> | (7) DATE OF BIRTH <u>Oct 15 22</u> (Name of Month) (Day) (Year) |
| FATHER (8) FULL NAME <u>Dele Pearson</u> (9) PRESENT POSTOFFICE OF FATHER <u>Pleasant Lane S.C.</u> (10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>31</u> (Years) (12) BIRTHPLACE <u>Edgefield S.C.</u> (13) OCCUPATION <u>Farming</u> (20) Number of children born to mother, including present birth <u>2</u> | | MOTHER (14) NAME BEFORE MARRIAGE <u>Mamie Loun</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Pleasant Lane S.C.</u> (16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>22</u> (Years) (18) BIRTHPLACE <u>Edgefield S.C.</u> (19) OCCUPATION <u>House Wife</u> (21) Number of children of this mother now living, including present birth | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> on the date above stated. (Born alive or stillborn. (How A. M. or P. M.)) (23) (Signature) <u>Mrs. Hester Bowles</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Pleasant Lane</u> (26) Witness (Signature of Witness necessary only when question 22 is signed by mark) (27) Filed <u>Oct 24 22</u> (28) <u>H. L. Linneman</u> Local Registrar Given name added from a supplemental report | | | | |

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