

(1) PLACE OF BIRTH

County of Anderson

Township of

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

File No. - For State Registrar Only

154

Registration District No. 2.D.Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child Not named

(If child is not yet named, make supplemental report as directed)

(3) SEX Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of Parent 23 (7) DATE OF BIRTH Jan 3, 1923

FATHER.

(8) FULL NAME J. J. Pearson(9) PRESENT RESIDENCE OF FATHER Piedmont(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 10

MOTHER.

(15) NAME BEFORE MARRIAGE Dora Jones(16) PRESENT RESIDENCE OF MOTHER Piedmont(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 40(19) BIRTHPLACE S.C.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (23) 6:00 P. M., (24) alive or stillborn (How A. M. or P. M.)(25) (Signature) H. L. Campbell(26) State whether Physician or Midwife Physician(27) Address of Physician or Midwife Piedmont

Given name added from a supplemental report

(28) Witness

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

(29) Date Jan 10, 1923(30) Local Registrar H. L. Campbell

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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