

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
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

28422

Registration District No. 22A Registered No. 472

(For use of Local Registrar)

(No. City Hospital St.; Ward)(2) Full Name of Child Clinton Franklin Pearson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 29 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Clinton Franklin Pearson(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Columbia, S.C.(13) OCCUPATION Banker(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elyzette Isbell Pearson(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Greenville, S.C.(19) OCCUPATION N. W.(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was A. L. Pearson at 6:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Pearson(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife N. W.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 29 1923 (28) C. L. Smith 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.

Before the fifth month of pregnancy.