

(1) PLACE OF BIRTH

County of Greenville
Township of O'Neal
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

56102

Registration District No. 2213 Registered No. 22
(For use of Local Registrar)

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

(2) Full Name of Child William Eugene Pearson Child as yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be specified only in event of living or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr. 4/1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME H. M. Burns

(9) PRESENT POSTOFFICE OF FATHER Travellers Rest S.C. R#2

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Greenville Co. S.C.

(13) OCCUPATION Farmwork

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Thompson

(15) PRESENT POSTOFFICE OF MOTHER Travellers Rest S.C. R#2

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE Greenville Co. S.C.

(19) OCCUPATION Housewife

(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 4:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Pearson

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Taylor's S.C. R#7

Given name added from a supplemental report

W. E. 3 1916

Greenville
Super Registrar

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

(27) Filed May 8, 1916 (28) Albert W. News 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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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 5.

McCraw, of Columbia.