

## (1) PLACE OF BIRTH

County of Auderson  
 Township of Williamston  
 or  
 Inc. Town of Pelzer  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

6397

Registration District No. 38Registered No. 38  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Minnie Pearson

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF

BIRTH July 20, 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

James Pearson

(9) PRESENT POSTOFFICE OF FATHER

Pelzer SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

72  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

mill work

## MOTHER

(14) NAME BEFORE MARRIAGE

Ruth Bell

(15) PRESENT POSTOFFICE OF MOTHER

Pelzer SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

70  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

1

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

9:15 P

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 5, 22

(28)

W. L. Gresham  
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.