

Form No. 1.

(1) PLACE OF BIRTH

County of UnionTownship of Union

or

Inc. Town of Union

or

City of Union

(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

47576

Registration District No. 42 ARegistered No. 3

(For use of Local Registrar)

St.; 7 Ward(2) Full Name of Child. 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 2(6) Are Parents Married? No(7) DATE OF BIRTH Jan 2 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Foster(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Union County(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bells Pearson(15) PRESENT POSTOFFICE OF MOTHER "Big 12" Union S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE York County(19) OCCUPATION Domestic(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 Born alive 6 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thurston Marshall(24) State whether Physician or Midwife (25) Address of Physician or Midwife 50 E. Main St. Union S.C.

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed Jan 5 1916(28) S. S. Garratt 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.

MARGIN RESERVED FOR BINDING.

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 5.

McCaw, of Columbia.