

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Mt. Calisor
Inc. Town of Bishopville SCor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31079

Registration District No. 2604 Registered No. 64
(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 William Pearson (If child is not yet named, make supplemental report as directed)3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept. 22-1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Granison Pearson9) PRESENT POSTOFFICE OF FATHER Bishopville SC10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 47
(Years)12) BIRTHPLACE Bishopville SC13) OCCUPATION Farmer20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Caroline Pearson15) PRESENT POSTOFFICE OF MOTHER Bishopville D.C.16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 38
(Years)18) BIRTHPLACE Bishopville SC19) OCCUPATION Housewife21) 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 9 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia Jackson midwife

(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 Sept 26 1922 (28) Newton O. Moore 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 BONDING.

WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD.
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.

MEDICAL OFFICE, COLUMBIA, S. C.