

Form 16, 10
 WHEN FATHER, MOTHER OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Spartanburg

Township of 20

or
 Inc. Town of Woodruff

or
 City of Woodruff

(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

Registration District No. 400

Registered No. 50415

File No.—For State Registrar Only

50415

(2) Full Name of Child Minnie Belle Pearson

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are you Parents Married? Yes (7) DATE OF BIRTH Feb. 26, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben C Pearson
 (9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Spartanburg S.C.
 (13) OCCUPATION Cotton Mill Operative
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Davis
 (15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Spartanburg S.C.
 (19) OCCUPATION House Keeper
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 1—A.M.

(23) (Signature) Mrs. Lou Phillips
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Woodruff S.C.

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Feb. 28, 1916 (27) Filed Chas. L. Boyter 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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