

Form No. 10. **MADE IN THE U.S.A.**  
 THIS TABLE AND OTHERS ARE PRINTED BY THE STATE REGISTER  
 McCaw, of Columbia.

M. H.—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.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

(1) PLACE OF BIRTH *Spartanburg*  
 County of *Spartanburg*  
 Township of *20*  
 or  
 Inc. Town of *Woodruff*  
 or  
 City of *Woodruff* (No. *400* St.; *20* Ward)  
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *400* Registered No. *50415*  
 (For use of Local Registrar)

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*  
To be answered only in case of Twins or Triplets (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) *Max Lee 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)  
 (27) Filed *Feb. 28, 1916* (28) *Charles 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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