

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. James
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
33836

Registration District No. 1309 Registered No. 75-
 (For use of Local Registrar)

City of (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 John 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 Oct 30, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Richard Pearson
 (9) PRESENT POSTOFFICE OF FATHER Davis Sta 8 C
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 44 (Years)
 (12) BIRTHPLACE Clarendon Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 10

MOTHER.
 (14) NAME BEFORE MARRIAGE Beatrice Pearson
 (15) PRESENT POSTOFFICE OF MOTHER Davis Sta 8 C
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 38 (Years)
 (18) BIRTHPLACE Clarendon Co
 (19) OCCUPATION Home Work
 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sera Louis
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Davis Sta 8 C

Given name added from a supplemental report

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

(27) Filed Nov 3, 22 (28) St. James 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.

WHEN PLACING, WITH UNFOLDING INFO—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS and a SUPPLEMENTAL REPORT FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCAW OF COLUMBIA, COLUMBIA, E. C.