

Form No 1.

(1) PLACE OF BIRTH

County of FlorenceTownship of Northor
Inc. Town ofor
City of

(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
42856Registration District No. 2012 Registered No. 117

(For use of Local Registrar)

(2) Full Name of Child Mary Anna 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 Parents Married? Yes (7) DATE OF BIRTH Dec 25 1925 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Pearson (14) NAME BEFORE MARRIAGE Sarah Graham(9) PRESENT POSTOFFICE OF FATHER Charleston S.C. (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years) (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C. (18) BIRTHPLACE Flora Co(13) OCCUPATION Farmer (19) OCCUPATION House wife(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)(23) (Signature) I. E. Smith(24) State whether, Physician or Midwife (25) Address of Physician or Midwife Flora Co

Given name added from a supplemental report

(26) Witness Sarah Ay

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

(27) Filed Dec 25 1925 (28) I. E. Smith 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia