

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Green Springs
 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

12025

Registration District No. 40W.B. Registered No. 7
(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 Anthony W. Pearson Jr. 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 Feb 10 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. W. Pearson (9) PRESENT POSTOFFICE OF FATHER Wallford S.C. (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 60
(Year)(12) BIRTHPLACE Spartanburg Co. (13) OCCUPATION Farmer (20) Number of children born to mother, including present birth Two (2)

MOTHER.

(14) NAME BEFORE MARRIAGE Nina Jackson (15) PRESENT POSTOFFICE OF MOTHER Wallford S.C. (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40
(Year)(18) BIRTHPLACE Greenville Co. (19) OCCUPATION Housewife (21) Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 6 days at 5 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. B. Moore (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg Co.

(Given name added from a supplemental report)

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

(27) Filed Mar 1 1923 (28) S. B. 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.