CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
70597

(1) PLACE OF BIRTH

County of Sumter

Township of Pocalla

or

Inc. Town of ..... Registration District No. 4104 Registered No. 88
(For use of Local Registrar)

or

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 Hester Bronla Pearson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl. (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 29, 1916 (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Nathaw Pearson	(14) NAME BEFORE MARRIAGE Maggie Ballard
(9) PRESENT POSTOFFICE OF FATHER Tindal S.C	(15) PRESENT POSTOFFICE OF MOTHER Tindal SC
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR OR RACE Brown (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Sumter Co S.C	(18) BIRTHPLACE Sumter Co S.C
(13) OCCUPATION Farmer	(19) OCCUPATION Girl Housework
(20) Number of children born to mother, including present birth { Six	(21) Number of children of this mother now living, including present birth { Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Fannie M. Pearson

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Tindal S.C

Given name added from a supplemental report

....., 191....

.....
Registrar

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

(27) Filed July 8 1916. (28) James T. Brogdon
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.

of pregnancy. ... desired of stillbirths before the

MARGIN RESERVED FOR BINDING.
Form No. 10.
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, No. 1, THE OTHER, No. 2, etc., in question 5.

Chas. of Columbia.