

(1) PLACE OF BIRTH

County of BerkelyTownship of 2nd St. fromor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Christina Pearl

File No.—For State Registrar Only

37850

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 703Registered No. 81
(For use of Local Registrar)(3) BOY OR
GIRL girl(4) Twin
or Triplet?(5) Number in
order of birth 1(6) Are
Parents
Married? no

(7) DATE OF

BIRTH Apr. 17, 1924
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEPearl Pearl(9) PRESENT
POSTOFFICE
OF FATHERMonroes Corner(10) COLOR
OR
RACEColored(11) AGE AT LAST
BIRTHDAY.....
(Years)

(12) BIRTHPLACE

Berkely Co

(13) OCCUPATION

farmer

MOTHER.

(14) NAME BEFORE
MARRIAGELottie Ferguson(15) PRESENT
POSTOFFICE
OF MOTHERMonroes Corner(16) COLOR
OR
RACEColored(17) AGE AT LAST
BIRTHDAY.....
(Years)

(18) BIRTHPLACE

Berkely Co

(19) OCCUPATION

farmer(20) Number of children born to
mother, including present birth12(21) Number of children of this mother
now living, including present birth12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Apr. 27, 1924 at 4 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ligia Lencer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeGiven name added from a supplement
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Apr. 28, 1924(28) 13 M. Barron

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.