

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
 Township of # 10
 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

42263

Registration District No. 1997 Registered No. 36
 (For use of Local Registrar)

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

(2) Full Name of Child Hattie Agnes 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? yes (7) DATE OF BIRTH Dec. 16, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jane Pearson
 (9) PRESENT POSTOFFICE OF FATHER Hinslow S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Year)
 (12) BIRTHPLACE Fairfield Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Cerilla Ashford
 (15) PRESENT POSTOFFICE OF MOTHER Hinslow S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Year)
 (18) BIRTHPLACE Fairfield Co. S.C.
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. J. Lawson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. E. H. Friday
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec. 18, 1922 (28) E. H. Friday 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.