

(1) PLACE OF BIRTH

County of

Newberry

Township of

or

Inc. Town of

Newberry

or

City of

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

Registration District No. 34-A Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child. Floss Jefferson Pearson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy	(4) Twin or Triplet? Healthy	(5) Number in order of birth 4	(6) Are Parents Married? yes	(7) DATE OF BIRTH Feb. 21
------------------------	---------------------------------	-----------------------------------	---------------------------------	------------------------------

FATHER.

MOTHER.

(8) FULL NAME J. W. Pearson	(14) NAME BEFORE MARRIAGE Magnolia Dugel
(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.	(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.
(10) COLOR OR RACE white	(16) COLOR OR RACE white
(11) AGE AT LAST BIRTHDAY 28	(17) AGE AT LAST BIRTHDAY 28
(12) BIRTHPLACE N.C.	(18) BIRTHPLACE Georgia
(13) OCCUPATION Cotton mill operative	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 9. M., on the date above stated.

(23) (Signature) J. H. Bluech, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Newberry S.C.

Given name added from a supplemental report

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

(27) Filed March 4, 1916 (28) J. S. Cunningham, 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.

If 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.

File No.—For State Registrar Only
49925STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health