

(1) PLACE OF BIRTH

County of Laurens
 Township of Laurens
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

FILE - For this birth
31039

Registration District No. 400

Registered No. 135
 (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

Anna May Duncan

(3) SEX Female (4) TIME or TIME 10:30 (5) DATE or DATE 10-3-20
 Is born at home or in hospital

(6) FATHER'S NAME Elmer Duncan

(7) MOTHER'S NAME Ramona B. Pearson

(8) COLOR Col (9) AGE AT LAST BIRTH 31

(10) BIRTHPLACE Laurens

(11) OCCUPATION Housewife

(12) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 6

(13) FATHER'S NAME Ramona B. Pearson

(14) MOTHER'S NAME Duncan

(15) COLOR Col (16) AGE AT LAST BIRTH 30

(17) BIRTHPLACE Laurens

(18) OCCUPATION Housewife

(19) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was on the date above stated.

(21) (Signature) Anna M. Pearson (22) State Laurens (23) Address of Physician or Midwife Laurens

Given name added from a supplemental report

(24) Witness (25) Signature of Witness necessary only when question 23 is signed by mark

(26) Filed 11-1-23 (27) John Pearson 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.

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