

Form No 1.

(1) PLACE OF BIRTH

County of YorkTownship of First River

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54157

Registration District No. 4404Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child

Jamaria Franklin Pears

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Mar 291906

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

Joseph Daniel Pears

(14) NAME BEFORE MARRIAGE

Matie E Montgomery

(9) PRESENT POSTOFFICE OF FATHER

Hickory Grove S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Hickory Grove S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

40

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39

(Years)

(12) BIRTHPLACE

York Co

(18) BIRTHPLACE

York Co

(13) OCCUPATION

Farmer

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

11

(21) Number of children of this mother now living, including present birth

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive 7-15 0 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Walter M. S.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Hickory Grove, S.C.

Given name added from a supplemental report

Nov 3, 1916.C. W. MillerSupy Registrar

(26) Witness

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

(27) Filed

Apr 5, 1916

(28)

C. W. Miller 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.

MARGIN RESERVED FOR BINDING.
WHITE 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.
McCaw of Columbia.