

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWIN OR TRIPLE BIRTH, MAKE SEPARATE FORM FOR EACH CHILD, and make the  
STATION, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of *Spartanburg*  
Township of *Cherokee*  
or  
Inc. Town of *X*  
or  
City of *X*  
(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

Registration District No. *4070* Registered No. *19*  
(For use of Local Registrar)

File No.—For State Registrar Only

2490

(2) Full Name of Child

(if child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? <i>X</i> To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan. 28, 1922</i> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <i>John M. C. Pearson</i>			(14) NAME BEFORE MARRIAGE <i>Jane Welchel</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Spartanburg S.C. R. 1</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Spartanburg S.C. R. 1</i>	
(16) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>41</i> (Years)	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>40</i> (Years)	
(12) BIRTHPLACE <i>S.C.</i>		(18) BIRTHPLACE <i>S.C.</i>		
(13) OCCUPATION <i>Farmer</i>		(19) OCCUPATION <i>House wife</i>		
(20) Number of children born to mother, including present birth <i>11</i>		(21) Number of children of this mother now living, including present birth <i>7</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *5 P.M.* on the date above stated.  
(Born alive or stillborn) (Hour, M., or P.M.)

(23) (Signature)  
(24) State of *South Carolina* Physician or Midwife  
(25) Address of Physician or Midwife  
*Physician* *Physician 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 *3/17, 1922* (28) *J. Blackwell*  
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.

Before the fifth month of pregnancy