

PLACE OF BIRTH

City of .....

Residence of .....

OR

Town of .....

OR

of *Chas.* .....

# CERTIFICATE OF BIRTH

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

No. For State Registrar Only  
**41231**

Registration District No. *9 A* Registered No. *1871*  
(For use of Local Registrar)

(No. *2* *Stone Ct.* *St.* *Ward*)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *Persons* (If child is not yet named, make supplemental report as directed)

BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Dec. 30</i> (Name of Month) (Day) (Year)
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## FATHER.

FULL NAME *Harry Pearson*

PRESENT POSTOFFICE OF FATHER *Chas.*

COLOR OR RACE (11) AGE AT LAST BIRTHDAY *27*  
(Year)

BIRTHPLACE *Lanes, S.C.*

OCCUPATION *Laborer*

Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Jarah Kennedy*

(15) PRESENT POSTOFFICE OF MOTHER *Chas.*

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY *32*  
(Year)

(18) BIRTHPLACE *Lanes S.C.*

(19) OCCUPATION *domestic*

(21) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Alive* *59* *M.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *John J. Green*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Mr. H. 1st Stone Ct.*

See name added from a supplemental report

(26) Witness *John J. Green*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *12* *73* *J. Marcus Reed*  
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.