

(1) PLACE OF BIRTH

County of RichlandTownship of LowerInc. Town of EastonCity of Easton

(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

22432

Registration District No. 3803Registered No. 210
(For use of Local Registrar)(2) Full Name of Child Pearl Cole

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

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 26 1922
(Name of Month) (Day) (Year)(8) FULL NAME Pearl Cole(9) PRESENT POSTOFFICE OF FATHER Easton S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE Craw Hill S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7(14) NAME BEFORE MARRIAGE Pearl Sanders(15) PRESENT POSTOFFICE OF MOTHER Easton S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Year)(18) BIRTHPLACE Laurens Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Gordon O. Stuart

(24) State where Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 8/5/22(28) Satterquinn 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.

Registrar

LOCAL REGISTRAR

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