

MARGIN RESERVED FOR BINDING.

WRITE 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 N. No. 1, THE OTHER, No. 2, etc., in question 2.

N. McCaw, of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Bamberg</u>		STATE OF SOUTH CAROLINA.		33166	
Township of <u>7 Mile</u>		Bureau of Vital Statistics			
Inc. Town of <u>Edwards</u>		State Board of Health			
City of		Registration District No. <u>444</u>		Registered No. <u>88</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.		Ward	
(2) Full Name of Child <u>Pearlstein</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>7</u> <u>14</u> <u>1922</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Hyman Pearlstein</u>		(14) NAME BEFORE MARRIAGE <u>Ladi Harrison</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Edwards, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Edwards, S.C.</u>			
(10) COLOR OR RACE <u>Jewish</u>		(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)		(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)			
(13) OCCUPATION <u>Clerk in store</u>		(18) BIRTHPLACE <u>Fla</u>			
(19) OCCUPATION <u>Housewife</u>		(20) Number of children of this mother now living, including present birth <u>2</u>			
(21) Number of children born to mother, including present birth <u>4</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at <u>10:9 A.M.</u> on the date above stated.					
(23) (Signature) <u>M. S. Freedman, M.D.</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Edwards S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 191.....		(27) Filed <u>Oct. 31, 1922</u> (28) <u>M. D. Kinard</u> Local Registrar			
..... 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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