

(1) PLACE OF BIRTH

County of *Jefferson*Township of *Kindredville*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. *4007*

File No.—For State Registrar Only

37723

Registered No. *51*
(For use of Local Registrar)

(No. St.: Ward)

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

(2) Full Name of Child *James Thurman Pearson* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>4</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Oct. 27, 23</i> (Name of Month) (Day) (Year)
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FATHER.			MOTHER.		
(8) FULL NAME <i>Cope Pearson</i>	(14) NAME BEFORE MARRIAGE <i>Lon Fortberry</i>		(9) PRESENT POSTOFFICE OF FATHER <i>Moore S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Moore S.C.</i>	
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>35</i> (Year)		(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>30</i> (Year)	
(12) BIRTHPLACE <i>S.C.</i>			(18) BIRTHPLACE <i>S.C.</i>		
(13) OCCUPATION <i>Farming</i>			(19) OCCUPATION <i>Domestic</i>		
(20) Number of children born to mother, including present birth <i>6</i>			(21) Number of children of this mother now living, including present birth <i>6</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *11:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) *J. S. Wright M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Summit St.*

Given name added from a supplemental report

(26) Witness

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

(27) FILED *Dec 11, 1923*(28) *J. S. Wright M.D.*
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.

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