

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of *Lincoln*

or
Inc. Town of

or
City of

(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

58364

Registration District No. *215* Registered No. *22*

(For use of Local Registrar)

(2) Full Name of Child *Pearlean Paterson*

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 (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Apr 28 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Pearlie Paterson*

(9) PRESENT POSTOFFICE OF FATHER *North Branch*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *35* (Years)

(12) BIRTHPLACE *Goodwood, N.C.*

(13) OCCUPATION *Farming*

(14) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ellen Paterson*

(15) PRESENT POSTOFFICE OF MOTHER *North Branch*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *38* (Years)

(18) BIRTHPLACE *Goodwood, N.C.*

(19) OCCUPATION *Farming*

(20) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *J. H. Jones* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Lincoln*

Given name added from a supplemental report

191

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

(27) Filed *May 24 1916* (28) *O. L. Duke* 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.

MARGIN RESERVED FOR BINDING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.