

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 11731

County of Richland

Township of

Inc. Town of

City of Columbia

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

Registration District No. 36Registered No. 744

(For use of Local Registrar)

(2) Full Name of Child Pearl Katherine Pearson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH May 16, 1923

FATHER. MOTHER.

(8) FULL NAME Earl William Pearson (14) NAME BEFORE MARRIAGE Earl Francis Juniper(9) PRESENT POSTOFFICE OF FATHER Columbia S.C. (15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 27(12) BIRTHPLACE Greenville S.C. (18) BIRTHPLACE Springfield S.C.(13) OCCUPATION Candy maker (19) OCCUPATION H. W.(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed May 16, 1923 (28) [Signature] Local Registrar

When there was no attending physician or midwife, then the father, householders 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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