

Form No. 10.

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, No. 1, THE OTHER, No. 2, etc., in question 5.

State of Columbia.

(1) PLACE OF BIRTH
County of Marlboro
Township of Red Hill
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
49915

Registration District No. 3307 Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child Charles Pearson Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twin or Triplet's
(6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 24 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME David Pearson
(9) PRESENT POSTOFFICE OF FATHER Bennettsville
(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 31
(12) BIRTHPLACE Marlboro
(13) OCCUPATION Labour
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Hatta Parley
(15) PRESENT POSTOFFICE OF MOTHER Bennettsville
(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 43
(18) BIRTHPLACE NC
(19) OCCUPATION Labour
(21) 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 alive at 4 morning on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lillian Mack
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 13th Street

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 24 1916 (28) A. P. Mabrie 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.