

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

No. for State Register Card  
**408A**

Registration District No. ....

Registered No. **95A**  
 (For use of Local Registrar)

(No. **46 Trade** St.) ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Name of Child **Joseph M. Kinzey** If child is not yet named, make supplemental report as directed

By **John** (1) Twin or Triplet (2) Number in order of birth (3) Sex **Male** (4) Date of Birth **Jan 23 1923**  
 To be covered only by event of Twin or Triplet (Name of Month) (Day) (Year)

**FATHER.**

**Joseph M. Kinzey**

**City**

(11) Age at Last Birthday **30**  
 (Years)

**SC.**

**Occupation**  
**Labourer**  
**Chickadee**

**MOTHER.**

(14) Name before Marriage **Bessie Rouse**

(15) Present Residence of Mother **City**

(16) Color or Race **Col.** (17) Age at Last Birthday **23**  
 (Years)

(18) Birthplace **McClellanville SC.**

(19) Occupation **Laundress.**

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was **born alive** at **12** **midnight**  
 on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(22) (Signature) **Delphine Pinckney**

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

**100 Trade St.**

(25) Witness

(Signature of Witness necessary only when question 22 is signed by male)

(27) Filed **9/18**

**1930**

(28) **Amos** Local Registrar

Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.