

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.

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(1) PLACE OF BIRTH County of <u>Hampton</u> Township of <u>Peoples</u> 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 77466	
		Registration District No. <u>4402</u>		Registered No. <u>181</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)			
(2) Full Name of Child <u>Mae Pinkney</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 24, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Pinkney</u>			(14) NAME BEFORE MARRIAGE <u>Earlona Pinkney</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>varnville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>varnville SC</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY		
(12) BIRTHPLACE <u>Colleton Co. S.C.</u>		(18) BIRTHPLACE <u>Ga</u>			
(13) OCCUPATION <u>Engineer</u>			(19) OCCUPATION <u>Housework</u>		
(20) Number of children born to mother, including present birth {			(21) Number of children of this mother now living, including present birth {		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Lira Ashbury "Midwife"</u>			(25) Address of Physician or Midwife <u>varnville</u>		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witness <u>Lira Ashbury</u> (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>Sept 1</u> 1916 (28) <u>J. W. Rogers</u> Registrar 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.					