

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PRELIMINARY RECORD, and mark the
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.

BUCKLE UP COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of Johns Island
or
Inc. Town of
or
City of Newmarket (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

88847

Registration District No. 905

Registered No. 128

(For use of Local Registrar)

(2) Full Name of Child

Pearl Pinckney

If child is not yet named, make supplemental report as directed

(3) ~~Boy~~ GIRL?

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec 29 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Edward Pinckney

(9) PRESENT POSTOFFICE OF FATHER

Johns Island

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE

Johns Island

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Pinckney

(15) PRESENT POSTOFFICE OF MOTHER

Johns Island

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY 35
(Years)

(18) BIRTHPLACE

Johns Island

(19) OCCUPATION

Farm laborer

(20) Number of children born to mother, including present birth

3

(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 Born alive at 8 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annie Pinckney

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 9 1917

(28) W. C. Hills

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.