

(1) PLACE OF BIRTH

County of Aiken
 Township of Tahlequah
 or
 Inc. Town of
 or
 City of

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

No. 67
 For State Registrar Only

Registration District No. 201 Registered No. 2
 (For use of Local Registrar)

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

(2) Full Name of Child Not Named If child is not yet named, make supplemental report as directed

(3) SEX OR Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH June 18, 1928
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Allen Pinkney</u>	(14) NAME BEFORE MARRIAGE <u>Flora Sullivan</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Hitchuiga Mills S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Hitchuiga Mills</u>
(12) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(18) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(15) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farming</u>	(16) BIRTHPLACE <u>S.C.</u>	(20) OCCUPATION <u>House wife</u>
(22) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 2 A. M., the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Mary Ann + Heather (25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Hitchuiga Mills S.C.

Given name added from a supplemental report

(27) Witness Mrs. J. C. Courtney (Signature of Witness necessary only when question 23 is signed by mark)

(28) Filed June 20, 1928 (29) Mrs. J. C. Courtney 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.

IF THIS 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 1.

Revised by Columbia, Columbia, S. C.