

(1) PLACE OF BIRTH

County of CalhounTownship of Pine GroveInc. Town of Lone Star S.C.

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

41182

Registration District No. 803Registered No. 101

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Calvora Pickney (If child is not yet named, make supplemental report as directed)(3) SEX OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 2, 22 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Cipio Pickney(9) PRESENT POSTOFFICE OF FATHER Lone Star S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 1 A (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Gora Bagler(15) PRESENT POSTOFFICE OF MOTHER Lone Star S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Phillis Saov (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lone Star S.C.

Given name added from a supplemental report

(26) Witness Mrs J. D. Stondennine (Signature of Witness necessary only when question 23 is signed by mark)(27) Filled Dec 90, 19 22 (28) J. D. Stondennine 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.