

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.  
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Orangeburg*  
 Township of *Miller*  
 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  
 16294

Registration District No. *36a. (7)* Registered No. *68*  
 (For use of Local Registrar)  
 (No. *Miller* ..... 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

(3) BOY OR GIRL *girl* (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? *yes* (7) DATE OF BIRTH *May 25 1922*  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME *James Pinken*  
 (9) PRESENT POSTOFFICE OF FATHER *Orangeburg*  
 (10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *35* (Years)  
 (12) BIRTHPLACE *Orangeburg*  
 (13) OCCUPATION *farming*  
 (20) Number of children born to mother, including present birth *12*

MOTHER.  
 (14) NAME BEFORE MARRIAGE *Silas Walker*  
 (15) PRESENT POSTOFFICE OF MOTHER *Orangeburg*  
 (16) COLOR OR RACE ..... (17) AGE AT LAST BIRTHDAY *23* (Years)  
 (18) BIRTHPLACE *Orangeburg*  
 (19) OCCUPATION *housewife*  
 (21) Number of children of this mother now living, including present birth *12*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *May 25* ..... at *11 a.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) *Ella Miller* No  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Orangeburg*

Given name added from a supplemental report .....  
 (26) Witness *Mrs. J. A. Brice* (signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed *May 25 1922* (28) *J. A. Brice* Local Registrar  
 19 ..... 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.