

Form No. 1

## (1) PLACE OF BIRTH

County of BerkeleyTownship of St. Stephensor  
Inc. Town of St. Stephens

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29091

Registered No. 99  
(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 Gronne Pinnell

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept. 27, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James Pinnell

(9) PRESENT POSTOFFICE OF FATHER

St. Stephens

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

about 38  
(Years)

(12) BIRTHPLACE

Leister, England

(13) OCCUPATION

Construction Supt.

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

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Jessie Alice Mace

(15) PRESENT POSTOFFICE OF MOTHER

St. Stephens

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

about 38  
(Years)

(18) BIRTHPLACE

London, England

(19) OCCUPATION

House-wife

(21) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Jessie Alice Mace at 6:30 P.M., on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. A. Mace M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bonham, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct. 10, 1922

(28)

W. A. Gayd

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.

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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.