

WHITE 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.
 S. Caw. of Columbia.
 McCaw.

(1) PLACE OF BIRTH

County of Catharine
 Township of Pine Bluffs
 or
 Inc. Town of Fort Motte
 or
 City of Fort Motte

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
63328

Registration District No. 803 Registered No. 38
 (For use of Local Registrar)

(2) Full Name of Child Olga Pinkney

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? no (7) DATE OF BIRTH June 10 1916
To be answered only in event of Twin or Triplet's (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jeremiah Pinkney
 (9) PRESENT POSTOFFICE OF FATHER Fort Motte S.C.
 (10) COLOR OR RACE Col'd (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE Fort Motte S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Russie Ford
 (15) PRESENT POSTOFFICE OF MOTHER Fort Motte S.C.
 (16) COLOR OR RACE col'd (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Lowell S.C.
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel Wright (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fort Motte S.C.

Given name added from a supplemental report
 _____, 191____

 Registrar

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

(27) Filled June 20 1916 (28) J. D. Soudan 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.

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