

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.  
J. Caw. of Columbia.  
McCaw.

(1) PLACE OF BIRTH

County of Cathay

Township of Pine Grove

Inc. Town of Fort Motte

City of Fort Motte

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

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

(2) Full Name of Child Ada 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  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME foremiah 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 Long Star

(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) Filed June 20 1916 (28) J. D. Stondamer 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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