CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 3457

(1) PLACE OF BIRTH
County of Charleston
Township of .....
or
Inc. Town of .....
or
City of Charleston
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9A
Registered No. 307 (For use of Local Registrar)
(No. 124 Calhoun St.; ..... Ward)

(2) Full Name of Child Martha Pinckney

(3) BOY OR GIRL? G
(4) Twin or Triplet? Twin — To be answered only in event of Twins or Triplets
(5) Number in order of birth 2
(6) Are Parents Married? yes
(7) DATE OF BIRTH Feb. (Name of Month) 2 (Day) 1922 (Year)
{If child is not yet named, make supplemental report as directed

FATHER.

(8) FULL NAME Charles Pinckney
(9) PRESENT POSTOFFICE OF FATHER 124 Calhoun
(10) COLOR OR RACE C
(11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Charleston,
(13) OCCUPATION Driver
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Myers
(15) PRESENT POSTOFFICE OF MOTHER 124 Calhoun
(16) COLOR OR RACE C
(17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Charleston
(19) OCCUPATION Domestic
(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 alive (Born alive or stillborn) at 1:45 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Julia Thomas
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: 25 Calhoun

Given name added from a supplemental report .....
..... 19 .... Registrar

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

(27) Filed 2/7/22 19 .... J. Marion Green M.D.
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.

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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCaff of Columbia, Columbia, S. C.