

Form No. 1.

(1) PLACE OF BIRTH
County of Fairfield
Township of 4
or
Inc. Town of
or
City of (No. St.; Ward)
(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
48956

Registration District No. 1903 Registered No. 2
(For use of Local Registrar)

(2) Full Name of Child. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 2</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Bill Pinkney</u>			(14) NAME BEFORE MARRIAGE <u>Elen young</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Winnaboro</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Winnaboro</u>	
(10) COLOR OR RACE <u>Colord</u>	(11) AGE AT LAST BIRTHDAY <u>50</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Fairfield Co</u>			(18) BIRTHPLACE <u>Fairfield</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Field hand</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Henry Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 191 (28) F. A. Neil 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.

McCaw, of Columbia.