

(1) PLACE OF BIRTH

County of Dorchester
 Township of Sumner
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

10010

Registration District No. 17A Registered No. 25
 (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

Calvin C. Pinesy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 18 1925
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Pinesy
 (9) PRESENT POSTOFFICE OF FATHER Sumner
 (10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 38
 (Years) (12) BIRTHPLACE Dorchester
 (13) OCCUPATION laborer
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Calvin Pinesy
 (15) PRESENT POSTOFFICE OF MOTHER Sumner
 (16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 38
 (Years) (18) BIRTHPLACE Sumner
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born at 10 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Pinesy (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumner

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed April 19 1925 (28) 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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