

(1) PLACE OF BIRTH *Charles* **CERTIFICATE OF BIRTH**
 County of *Beaufort* **STATE OF SOUTH CAROLINA**
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
25276

Township of
 or
 Inc. Town of *Ladson*
 or
 City of

Registration District No. *911* ... Registered No. *7224*
 (For use of Local Registrar)

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

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

3) BOY OR GIRL? *girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *29 Aug. 1928*
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME *Alonso Pinnacle*
 9) PRESENT POSTOFFICE OF FATHER *Ladson, S-C.*
 10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *30* (Years)
 12) BIRTHPLACE *Ladson, S-C.*
 13) OCCUPATION *Laborer*

20) Number of children born to mother, including present birth *4*

MOTHER.

14) NAME BEFORE MARRIAGE *Essie Aiken*
 15) PRESENT POSTOFFICE OF MOTHER *Ladson, S-C.*
 16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *26* (Years)
 18) BIRTHPLACE *Ladson, S-C.*
 19) OCCUPATION *Laborer*

(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *29* at *2 P.M.* on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *Edith Middleton*
 (24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Ladson, S-C.*

Given name added from a supplemental report

(26) Witness *Edith Middleton*
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Aug. 31 1928* (28) *John L. H. Hager*
 Local Registrar

*If 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.