

Form No. 1.

(1) PLACE OF BIRTH

County of *Beaufort*
Township of *Beaufort*
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

48167

Registration District No. *600* Registered No. *B 47*
(For use of Local Registrar)

City of (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. *Edward Pinckney*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?
Boy

(4) Twin or Triplet?
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 *2 27 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Edward Pinckney*

(9) PRESENT POSTOFFICE OF FATHER *Port Royal S.C.*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *22* (Years)

(12) BIRTHPLACE *St. Helena Island*

(13) OCCUPATION *Laborer*

(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Martha Dodge*

(15) PRESENT POSTOFFICE OF MOTHER *Port Royal, S.C.*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *23* (Years)

(18) BIRTHPLACE *Augusta - Ga*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born *alive* at *9:30 P.M.* on the date above stated. (Born *live* or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Anna Branch*

(24) State whether Physician or Midwife *midwife* Address of Physician or Midwife *Port Royal, S.C.*

Given name added from a supplemental report

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

(27) Filed *Index 3 1916* (28) *M. B. Cape*
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.

MARGIN RESERVED FOR BINDING.
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, No. 1. THE OTHER, No. 2, etc., in question 5.
McKay, of Columbia.