

Form No. 1

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.

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 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

41378

Registration District No. 915 Registered No. 115
 (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 Margeline Pinckney

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1 1922
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Joshua Pinckney</u>		(14) NAME BEFORE MARRIAGE	<u>Flora Jenkins</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Johns Island</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Johns Island</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>4-5</u> (Years)		(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE	<u>Johns Island</u>		(18) BIRTHPLACE	<u>Johns Island</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Farm Laborer</u>	
(20) Number of children born to mother, including present birth	<u>Six</u>		(21) Number of children of this mother now living, including present birth	<u>Five</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A. (M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Jenkins(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 5 1922(28) Mrs. E. H. Hill

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.

MCNAM OF COLUMBIA, COLUMBIA, S. C.