

Form No. 1

(1) PLACE OF BIRTH

County of BerkeleyTownship of St. Stephensor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29093

Registration District No. 705Registered No. 101
(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 Thomas Pinkney

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

(3) BOY OR GIRL? B

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 30 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Andrew Pinkney(9) PRESENT POSTOFFICE OF FATHER St Stephens(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28
(Year)(12) BIRTHPLACE St. Stephens(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Matilda Brown(15) PRESENT POSTOFFICE OF MOTHER St. Stephens(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24
(Year)(18) BIRTHPLACE St. Stephens(19) OCCUPATION Farm wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Addison(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife St. Stephens

Given name added from a supplemental report

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

(27) Filed Sept. 30 1922 (28) M. A. Floyd
Registrar 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.

THIS IS A PERMANENT RECORD. 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.

MEDICAL OF COLUMBIA, COLUMBIA, S. C.