

## (1) PLACE OF BIRTH

County Charleston  
 Township of Sumner

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17208

City or Town of ..... Registration District No. 1203 Registered No. 67  
 or ..... (For use of Local Registrar)  
 Day 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 Emory Allen Pinner If child is not yet named, make supplemental report as directed.

BOY Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 2  
 (Name of Month) (Day) (Year)

FATHER  
 FULL NAME Wm. H. Pinner  
 PRESENT POSTOFFICE OF FATHER Charleston, S.C.  
 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33  
 (Years)  
 BIRTHPLACE Charleston, S.C.  
 OCCUPATION Farmer  
 Number of children born to mother, including present birth 2

MOTHER  
 (14) NAME BEFORE MARRIAGE Emory M. Pinner  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21  
 (Years)  
 (18) BIRTHPLACE Charleston, S.C.  
 (19) OCCUPATION Housekeeping  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(3) I hereby certify that I attended the birth of this child, who was born alive as 3:20 M., on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) Physician  
 (24) State whether Physician or Midwife (25) Address of Charleston, S.C.

Even name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

Registrar

(27) Filed July 7 1923 (28) M. S. Watson 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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