

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17208

County Charleston
Township of Charleston

City of Registration District No. 1203 Registered No. 167
(For use of Local Registrar)

Day of (No. of Month) 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 Alden Pinner If child is not yet named, make supplemental report as directed.

BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? (7) DATE OF BIRTH Feb 23 (Name of Month) (Day) (Year)

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

MOTHER.
(14) NAME BEFORE MARRIAGE Emory M. Pinner
(15) PRESENT POSITION OF MOTHER Executive of Pinner
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Charleston S.C.
(19) OCCUPATION Lawyer
(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 as 3:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) [Signature]
(24) State whether Physician or Midwife (23) Address of residence Physician Charleston S.C.

Even name added from a supplemental report

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

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