

9/6/23

(1) PLACE OF BIRTH

County of Chesherfield
 Township of Coll Hill
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

17207

Registration District No. 120.2 Registered No. 38
 (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 Pinkney Lee

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 Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 8, 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Pinkney Lee
 (9) PRESENT POSTOFFICE OF FATHER Patrack SC
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27
 (Year) (12) BIRTHPLACE Chesherfield SC
 (13) OCCUPATION Farmer - hand
 (14) Number of children born to mother, including present birth 1 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Pearl Hancock
 (15) PRESENT POSTOFFICE OF MOTHER Patrack SC
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20
 (Year) (18) BIRTHPLACE Chesherfield SC
 (19) OCCUPATION Farmer - hand
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Mary C. Neal
 (23) State whether Physician or Midwife mid wife (24) Address of Physician or Midwife Chesherfield

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed July 9, 1923 (27) J. A. Davis 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.

Form of Columbia, Columbia, S. C.