

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 _____
 or
 Inc. Town of _____ Registration District No. 9A
 or
 City of Charleston (No. 35 Alway St.) Registered No. 1258
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. 12 Ward _____

File No.—For State Registrar Only
84639

(2) Full Name of Child Ruth Pamela } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? U (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? U (7) DATE OF BIRTH Nov 6 1916
To be answered only in case of twins or triplets. (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Richard Pinkney
 (9) PRESENT POSTOFFICE OF FATHER Charleston
 (10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 44 (Years)
 (12) BIRTHPLACE Charleston
 (13) OCCUPATION Teacher
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Anna De Long
 (15) PRESENT POSTOFFICE OF MOTHER Charleston
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION Teacher
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born at Y. P. H. Bldg. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Anna De Long
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 32 Sumner St.

Given name added from a supplemental report _____ 191...
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 11/15/16 191... (28) J. Mercier Green M.D.

*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.

Reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.
 _____ Registrar. Filed Nov 10/24/16