

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 .....  
or  
City of Charleston (No. 35 Alway St.)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**84639**

Registration District No. 9A Registered No. 1258  
(For use of Local Registrar)  
St. 12 Ward

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

|                           |                      |   |                                   |  |
|---------------------------|----------------------|---|-----------------------------------|--|
| (3) BOY OR GIRL? <u>u</u> | (4) Twin or Triplet? | (5) Number in order of birth<br><small>To be answered only in case of twins or triplets</small> | (6) Are Parents Married? <u>u</u> | (7) DATE OF BIRTH <u>Nov 6</u> 19 <u>16</u><br><small>(Name of Month) (Day) (Year)</small> |
|---------------------------|----------------------|---|-----------------------------------|--|

**FATHER.**  
(8) FULL NAME Richard Pinkney  
(9) PRESENT POSTOFFICE OF FATHER Charleston  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Charleston  
(13) OCCUPATION Teacher  
(20) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Anna Lee 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 Alive at 9:15 P.M. on the date above stated.  
(23) (Signature) Anna Lee Long  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 32 Sumter 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 (28) J. Mercer 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.

Registrar.

Filed Nov 18/24/16