

11/16/23 315124 3,25/24

(1) PLACE OF BIRTH

County of Sumter
Township of Stateburg
or
Inc. Town of
or
(City of (No. Ht. Ward)

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

File No.—For State Registrar Only
30392

Registration District No. Registered No. 5-5-
(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 Katie Pinkney If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 17, 23</u> (Name, Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Ernest Pinkney</u>	(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Year)
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C. 29154</u>	(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>farmer</u>
(20) Number of children born to mother, including present birth <u>3</u>		

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Ollie Pinkney</u>	(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)
(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C. 29154</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>farm laborer</u>
(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 12:17 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. H. Howard

(24) State whether Physician or Midwife
Midwife

(25) Address of Physician or Midwife

Hagell, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 17, 1923 (28) D. H. Howard 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.

U. S. 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 1.