

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

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.

Cav. of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Laurens</u>		STATE OF SOUTH CAROLINA.		56488	
Township of <u>Laurens</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Laurens</u>		State Board of Health			
or City of <u>Laurens</u>		Registration District No. <u>29-A</u>		Registered No. <u>7</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>Halvers</u> )		(For use of Local Registrar.)	
(2) Full Name of Child <u>Silas Pinkley</u>		{		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	(8) (Name of Month) (Day) (Year)
To be answered only in event of twins or triplets				<u>April</u>	<u>8</u> <u>1926</u>
FATHER.			MOTHER.		
(9) FULL NAME <u>Ed Lee Pinkley</u>	(14) NAME BEFORE MARRIAGE <u>Irma Gray</u>				
(10) PRESENT POSTOFFICE OF FATHER <u>Laurens SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens SC</u>				
(11) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
(13) BIRTHPLACE <u>Mo Missouri</u>	(18) BIRTHPLACE <u>Mo Missouri</u>				
(19) OCCUPATION <u>Minister</u>	(20) OCCUPATION <u>Domestic</u>				
(21) Number of children born to mother, including present birth <u>3</u>	(22) Number of children of this mother now living, including present birth <u>2</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(23) I hereby certify that I attended the birth of this child, who was <u>at</u> (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.					
(24) (Signature) <u>Hattie M. Thompson</u>					
(25) State whether Physician or Midwife <u>Midwife</u> (26) Address of Physician or Midwife <u>Laurens SC</u>					
Given name added from a supplemental report					
(27) Witness <u>O'Kennedy</u> (28) <u>O'Kennedy</u> Local Registrar.					
(29) Filed <u>486</u> 191... (30) <u>O'Kennedy</u> 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.