

Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6246

(1) PLACE OF BIRTH

County of ColumbiaTownship of Talbott

or

Inc. Town of

or

City of

Registration District No. 201Registered No.
(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Olean Pinney

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 Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 25 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Olean Pinney

(9) PRESENT POSTOFFICE OF FATHER

Kitchy Miss SC

(10) COLOR OR RACE

negro(11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

farming

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Flavia Sweeney

(15) PRESENT POSTOFFICE OF MOTHER

Kitchy Miss SC

(16) COLOR OR RACE

negro(17) AGE AT LAST BIRTHDAY 18
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

House Wife

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, Jan 25 at 2 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Fannie J. Hamilton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

F. E. Cantor
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Feb 41922(28) F. E. Cantor

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.

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.
RECEIVED FOR BINDING
MCGRAW HILL BOOK CO. COLUMBIA, S. C.