

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Providence
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22725

Registration District No. 4105 Registered No. 61
 (For use of Local Registrar)

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

(2) Full Name of Child Essie Pinkney If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet No (5) Number in order of birth No (6) DATE OF BIRTH July 16, 25
 To be answered only in case of Twin or Triplet (Day) (Year)

FATHER.

(8) FULL NAME Essie

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY (Year)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Mary Pinkney(16) PRESENT POSTOFFICE OF MOTHER Conover S.C.(17) COLOR OR RACE col (18) AGE AT LAST BIRTHDAY (Year) 17(19) BIRTHPLACE S.C.(20) OCCUPATION at home(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 alive at 10:00 M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) Arnette Boster (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Conover S.C.

Given name added from a supplemental report

(26) Witness M. P. Rine (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 31, 1925 (28) B. R. Raffia 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.