

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of Franklin  
 or  
 Inc. Town of.....  
 or  
 City of.....

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

No. 12824  
 For State Registrar Only

Registration District No. 3 Registered No. 29  
 (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.)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Augustine D. Pinder

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>24</u>	(7) DATE OF BIRTH <u>August 2, 1942</u> (Month of Birth) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Augustine D. Pinder</u>			(14) NAME BEFORE MARRIAGE <u>Wm. H. Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lawrenceville, Ga.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lawrenceville, Ga.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Driver</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) [Signature] (24) Address of Physician or Midwife  
Lawrenceville, Ga.

Given name added from supplemental report

Wm. B. W.  
7/8/42  
 Registrar

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

(26) Filed Aug 2, 1942 (27) Local Registrar [Signature]

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.