

## (1) PLACE OF BIRTH

County of GeorgetownTownship of 7

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2146 Registered No. 18  
(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 John Pinner Jr. If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Twin or Triplet one (5) Number in order of birth 1 (6) yes (7) DATE OF BIRTH Sept. 24, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm Pinner(9) PRESENT POSTOFFICE OF FATHER Murrelle Inlet SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40  
(Years)(12) BIRTHPLACE Springfield Baden SC(13) OCCUPATION Daily Laborer(14) Number of children born to mother, including present birth Nine

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Bryant(15) PRESENT POSTOFFICE OF MOTHER Murrelle Inlet SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30  
(Years)(18) BIRTHPLACE Woodstock SC(19) OCCUPATION Woodstock SC(20) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ... Sept. 24, 1923 ... at 9 ... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) .....

(23) State whether Physician or Midwife (24) Address of Physician or Midwife .....

Given name added from a supplemental report

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

(26) Filed Sept 24, 1923 (27) One John Pinner Jr. Local Registrar