

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.

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbeville
or
Inc. Town of Abbeville
or
City of Abbeville
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22475

Registration District No. 43a

Registered No. 96
(For use of Local Registrar)

St. St. John's Ward

(2) Full Name of Child

Johnie Pinkney

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>July 19 1923</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
8) FULL NAME <u>Johnie Pinkney</u>			14) NAME BEFORE MARRIAGE <u>Johnie Pinkney</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Abbeville</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville</u>	
10) COLOR OR RACE <u>Col</u>		11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	
12) BIRTHPLACE <u>Abbeville</u>			18) BIRTHPLACE <u>Abbeville</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Farmer</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) A. L. King

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report

(26) Witness Wm. J. Smith
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7/10/23 (28) Wm. Williams 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.

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