

## (1) PLACE OF BIRTH

County of Sumter  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

No. for State Registrar's Use  
22763

Registration District No. .... Registered No. 577  
 (For use of Local Registrar)

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

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

(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 20 (7) DATE OF BIRTH July 3, 1923  
 To be answered only in event of Twin or Triplet (Date of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Robert Pinkney  
 (9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 18 (Year)  
 (12) BIRTHPLACE Sumter, S.C.  
 (13) OCCUPATION Housewife  
 (14) NAME BEFORE MARRIAGE Gerdie Dickson  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Year)  
 (18) BIRTHPLACE Sumter, S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 1  
 (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 born alive (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Malvena Cherry  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Sumter, S.C.

(Given name added from a supplemental report)  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 19 (28) Local Registrar C. B. G. 24

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.