

(1) PLACE OF BIRTH

County of OrangeburgTownship of 3rd

or Town of

or City of

(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

Registration District No. 3619

File No.—For State Registrar Only

29743

Registered No. 41

(For use of Local Registrar)

(2) Full Name of Child

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

(2) SEX OF CHILD <u>GIRL</u>	(4) Twin or Triplet <u>X</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>11</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 7</u> 19 <u>23</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Thomas Pinkney</u>			(14) NAME BEFORE MARRIAGE <u>Julia Johnson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>RFD 3 Orangeburg, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Same as father</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>	
(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>45</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife & farm hand</u>	
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:04 M., on the date above stated. (Born alive or stillborn) (Hour or P. M.)(23) (Signature) Geo. H. Walter M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Orangeburg, 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 10-2-23 (28) W. H. Decker 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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