

(1) PLACE OF BIRTH

County of *McCormick*
 Township of *Burke*
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

35445

Registration District No. *4500* Registered No. *91*
 (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 *Samuel* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL (4) *Male* (5) Number in order of birth *8* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *July 12, 1922*
 To be answered only in event of Twins or Triplets (Month) (Day) (Year)

FATHER

(8) FULL NAME *Frank Pinson*

(9) PRESENT POSTOFFICE OF FATHER *McCormick*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *40*
 (Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *8*

MOTHER

(14) NAME BEFORE MARRIAGE *May White*

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *35*
 (Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *3 P.M.*
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *D. W. Pinson*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) *Aug 10, 1922* (28) *B. D. Matheson*
 Registrar 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.