

## (1) PLACE OF BIRTH

County of Williamsburg  
 Township of Mouzens  
 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

2709

Registration District No. 4306 Registered No. 2709  
 (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 Martha Pindergrass If child is not yet named, make supplemental report as directed

(3) POWER  
GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 29 1922  
 To be answered only in event of Twins or Triplets (Name & Address) (Day) (Year)

## FATHER.

(8) FULL NAME Mackie Pindergrass(9) PRESENT POSTOFFICE OF FATHER Cades,(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Williamsburg, Co

(13) OCCUPATION

Farming(20) Number of children born to mother, including present birth 13

## MOTHER.

(14) NAME BEFORE MARRIAGE Elezbeth Melvin(15) PRESENT POSTOFFICE OF MOTHER Cades,(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Manning, S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 7

## 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) Laura Epps

(24) State whether Physician or Midwife

Midwife(25) Address of Physician or Midwife Cades, S.C.

Given name added from a supplemental report

(26) Witness B. M. Smith  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 5 1922 (28) J. T. Pindergrass  
 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.