

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown
 Township of H. 4
 or
 Inc. Town of Andrews SC
 or
 City of

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

File No.—For State Registrar Only

42523

Registration District No. 1.9.3Registered No. 153
(For use of Local Registrar)

St.; Ward)
 (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 Thomas Arthur Pinner
 (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Male 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Dec 2, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Champ Dutton Pinner
 9) PRESENT POSTOFFICE OF FATHER Andrews SC
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 30
 (Years)
 12) BIRTHPLACE Tabor North Carolina
 13) OCCUPATION Locomotive Engineer
 20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Minnie Mae Post
 15) PRESENT POSTOFFICE OF MOTHER Andrews SC
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 21
 (Years)
 18) BIRTHPLACE Horry County SC
 19) OCCUPATION Domestic
 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:19 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. D. Pinner father

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Andrews SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 15, 1922(28) Local Registrar R. W. Bailey

19

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.