

## (1) PLACE OF BIRTH

County Robeson

Township of .....

or  
Inc. Town of .....City of Columbia

(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

File No.—For State Registrar Only

5038

Registration District No. 389Registered No. 120  
(For use of Local Registrar)(No. Ever Hospital St. 1 Ward)

## (2) Full Name of Child

Walter E. Fitzgerald If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

-

(5) Number in order of birth

1

(6) Are Parents Married

Yes(7) DATE OF BIRTH Feb 27 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Beauvais and Harold Pinner

(9) PRESENT POSTOFFICE OF FATHER

Columbia SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Automobile Business

(14) Number of children born to mother, including present birth

1

## MOTHER.

(15) NAME BEFORE MARRIAGE

Ruth Kirkley

(16) PRESENT POSTOFFICE OF MOTHER

Columbia SC

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

21  
(Years)

(19) BIRTHPLACE

SC

(20) OCCUPATION

Housewife

(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 at 8:30 M., on the date above stated. (Hour M. or P.M.)

(23) (Signature)

(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) Filed Mar 1 1922 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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