

(1) PLACE OF BIRTH

County of Anderson

Township of North

or

Inc. 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

File No.—For State Registrar Only

43084

Registration District No. 2701 Registered No. 269
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Jan 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

E. C. Pinnell

(9) PRESENT POSTOFFICE OF FATHER

Camden S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

31
(Years)

(12) BIRTHPLACE

Sweden

(13) OCCUPATION

Mill Operator

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

1 From

MOTHER.

(14) NAME BEFORE MARRIAGE

Carin Thompson

(15) PRESENT POSTOFFICE OF MOTHER

Camden S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Wilmington, N.C.

(19) OCCUPATION

Spin work

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

1 From

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. 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

Jan 11 1922

(28)

T. F. McInnis

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.

Fifth month of pregnancy.

It is desired of stillbirths