

Form No. 1

(1) PLACE OF BIRTH

County of BurkeTownship of Stephan

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

63257

Registration District No. 705 Registered No. 78

(For use of Local Registrar)

(2) Full Name of Carrie Rebecca Pinolman

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 1

To be answered only in case of Twin or Triplet

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 4

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Pete Pinolman(9) PRESENT POSTOFFICE OF FATHER Pineville S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 40

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(16) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lou Middleton(15) PRESENT POSTOFFICE OF MOTHER Pineville S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 31

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M. on the date above stated. (Born alive, or stillborn) (Hour A.M. or P.M.)(23) (Signature) Caroline L. Pinolman(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Pineville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness L. M. Stinson (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 8-8-1916 (28) H. M. Bayless Local RegistrarWRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
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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.