

Form No. 1

(1) PLACE OF BIRTH

County of *Sumter*Township of *Proctor*

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

12174

Registration District No. *410.4* Registered No. *8.0*

(For use of Local Registrar)

(No. St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child

(1) SEX OR ONLY	(2) Male or Female	(3) Number in order of birth	(4) Are Parents Married	(5) DATE OF BIRTH
<i>Male</i>	<i>Male</i>	<i>1</i>	<i>Yes</i>	<i>Apr 6 1925</i>
FATHER			MOTHER	
(6) FULL NAME <i>John Pringle</i>			(14) NAME BEFORE MARRIAGE <i>Ruth Anderson</i>	
(7) PRESENT POSTOFFICE OF FATHER <i>Sumter, S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Sumter, S.C.</i>	
(8) COLOR OR RACE <i>Caucasian</i>	(9) AGE AT LAST BIRTHDAY <i>35</i>	(10) COLOR OR RACE <i>Caucasian</i>	(11) AGE AT LAST BIRTHDAY <i>23</i>	
(12) BIRTHPLACE <i>Sumter Co. S.C.</i>		(13) BIRTHPLACE <i>Sumter Co. S.C.</i>		
(16) OCCUPATION <i>Farming</i>		(17) OCCUPATION <i>House & Field work</i>		
(18) Number of children born to mother, including present birth <i>1</i>		(19) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child who was *born alive* (Born alive or stillborn) (How, M. or F. *Male*) on the date above stated.(21) (Signature) *Dr. R. H. Gentry*(22) State Number *12174*(23) Address of Physician or Midwife *Sumter, S.C.*

Given name added from a supplemental report

(24) Witness

Signature of Witness necessary only when question 23 is signed by mother

(25) Filed *4/14/25*

(26)

Local Registrar

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When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.