

(1) PLACE OF BIRTH

County of SumterTownship of Concordor
Inc. Town of

City of

(2) Full Name of Child Fleetwood Pringle

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

74876

Registration District No. 4-100 Registered No. 82

(For use of Local Registrar)

(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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
			yes	<u>Aug. ?</u> 19 <u>16</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME	<u>Dallas Pringle</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Sumter, S.C.</u>
(10) COLOR OR RACE	<u>negro</u>
(11) AGE AT LAST BIRTHDAY	<u>40</u>
(12) BIRTHPLACE	<u>S.C.</u>
(13) OCCUPATION	<u>Farming</u>
(20) Number of children born to mother, including present birth	<u>4</u>

MOTHER.

(14) NAME BEFORE MARRIAGE	<u>Martha Windham</u>
(15) PRESENT POSTOFFICE OF MOTHER	<u>Sumter, S.C.</u>
(16) COLOR OR RACE	<u>negro</u>
(17) AGE AT LAST BIRTHDAY	<u>20</u>
(18) BIRTHPLACE	<u>S.C.</u>
(19) OCCUPATION	<u>Domestic</u>
(21) Number of children of this mother now living, including present birth	<u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Sumter, S.C. on the date above stated.(23) (Signature) X Sallie White

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Sumter, S.C.
E. P. Newman

Given name added from a supplemental report

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Registrar(26) Witness E. P. Newman
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 8/22 1916 (28) A. J. Newman
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

McCaw, of Columbia.