

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
79533

(1) PLACE OF BIRTH
County of *Sumter*
Township of *Stateburg*
or
Inc. Town of
or
City of

Registration District No. *4109* Registered No. *89*
(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.)

(2) Full Name of Child *Heyward Pringle* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>boy</i>	(4) Twin or Triplet? <i>No</i> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth.	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>Sep 6 1914</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY *19*
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lizzie Pringle*

(15) PRESENT POSTOFFICE OF MOTHER *Horatio, S. C.*

(16) COLOR OR RACE *negro*

(17) AGE AT LAST BIRTHDAY *19*
(Years)

(18) BIRTHPLACE *Sumter Co.*

(19) OCCUPATION *farm laborer*

(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 *alive* at *1 P.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Hester Frances*

(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Horatio, S. C.*

Given name added from a supplemental report

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Registrar

(26) Witness *(Miss) Marion Sanders*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) File *Sept 6 1914* (28) *Bay Sanders*
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.