

## (1) PLACE OF BIRTH

County of SumterTownship of Stateburgor  
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

79533

Registration District No. 4109 Registered No. 89

(For use — Local Registrar)

(2) Full Name of Child Heyward Pringle

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

|                             |                      |  |                                     |   |
|-----------------------------|----------------------|--|-------------------------------------|---|
| (3) BOY OR GIRL? <u>boy</u> | (4) Twin or Triplet? | (5) Number in order of birth<br><small>To be answered only in event of Twins or Triplets</small> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Sept 6</u> 191 <u>4</u><br><small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|----------------------|--|-------------------------------------|---|

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY  
(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. G.(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 G. Sanders

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

midwife Horatio S. G.

Given name added from a supplemental report

(26) Witness (Miss) Marion Sanders  
(Signature of Witness necessary only when question 23 is signed by mark)(27) File Sept 6 (28) Burj 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.