

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of LowCity of Eastover

(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

Registration District No. 3603 Registered No. 258

(For use of Local Registrar)

(2) Full Name of Child Albert Pringle

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married no

(7) DATE OF BIRTH

Sept 4, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Davis(9) PRESENT POSTOFFICE OF FATHER Sumpter SC(10) COLOR OR RACE Colard (11) AGE AT LAST BIRTHDAY 38
(Year)(12) BIRTHPLACE Sumpter SC(13) OCCUPATION public work(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Rodina Youngs(15) PRESENT POSTOFFICE OF MOTHER Eastover SC(16) COLOR OR RACE Colard (17) AGE AT LAST BIRTHDAY 34
(Year)(18) BIRTHPLACE Waterloo SC(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:00 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Millie Jackson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9/5/23 JA. Jackson
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.