

## 1. PLACE OF BIRTH

County of Charleston

Township of .....

or

City of Charleston

(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. ....

5 Coming St.

(No. ....)

FILE No.—For State Registrar Only

17963Vol 118-Registered No. 886

(For use of Local Registrar)

St.; ..... Ward)

## 2. Full Name of Child

Leroy Prioleau,

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

## 3. BOY OR GIRL

Boy

## 4. Twin or Triplet?

To be answered only in event of Twins or Triplets

## 5. Number in order of birth

## 6. Are Parents Married?

YES

## 7. DATE OF BIRTH

June 1st, 1922,

(Name of Month) (Day) (Year)

## 8. FULL NAME

FATHER  
James Prioleau

## 9. PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

## 10. COLOR OR RACE

Negro

## 11. AGE AT LAST BIRTHDAY

38

(Years)

## 12. BIRTHPLACE

James Island, S.C.

## 13. OCCUPATION

Laborer

## 14. Number of children born to mother, including present birth

8

## MOTHER

## 14. NAME BEFORE MARRIAGE

Lena Riley

## 15. PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

## 16. COLOR OR RACE

Negro

## 17. AGE AT LAST BIRTHDAY

33

(Years)

## 18. BIRTHPLACE

James Island, S.C.

## 19. OCCUPATION

Domestic

## 20. Number of children of this mother now living, including present birth

7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was born alive at 9:45 A.M. on the date above stated.

(Born alive or stillborn)

(Hour A.M. or P.M.)

## 23. Signature

Alice Bryan

## 24. State whether Physician or Midwife

Midwife

## 25. Address of Physician or Midwife

15 Short St.

Given name added from a supplemental report

## 26. Witness

(Signature of Witness necessary only when question 23 is signed by mark)

27. Filed June 5, 1922,28. J.M. Green, M.D.

Local Registrar

19. 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.

STATE OF South Carolina )

COUNTY OF Charleston )

PERSONALLY appeared before me a Notary Public of South Carolina,  
(Name) Lena Prioleau, who being duly sworn deposes and  
says that: in checking the record of birth for ~~his~~/her child born 6/1/28  
as registered in the Charleston Health Department, Charleston,  
South Carolina, (record no. 118/886), ~~he~~/she finds the  
following corrections necessary:-

The father's given name is recorded as JAMES and this should be ROBERT

that the above is a true and correct statement of facts and that  
these corrections should appear on the record as filed by the  
attendant at the birth.

Signed

Lena Prioleau

mother/~~father~~

SWORN to before me

Address 1232 - 22nd St. Philadelphia, Pa.

this 21st day of August A.D. 1941.

SEAL.

Osama Helmy  
Notary Public of Pa.

STATE OF SOUTH CAROLINA )

COUNTY OF CHARLESTON )

PERSONALLY appeared before me Emma G. Pregnall, a Notary Public of South Carolina, John Riley, who being duly sworn says and deposes that he is a resident of 12 Ogier St. Charleston, S.C. and forty three years of age: that he is the brother of Lena Riley Prioleau and that the given name of Lena's child, born on June 1st, 1922 was recorded as James Jr.: that this is incorrect and that this child has always been called LEROY: that this is a true statement and the child's name should be Leroy Prioleau instead of James Prioleau as recorded.

SWORN TO BEFORE ME THIS

22nd day of June, A. D. 1936.

Emma Pregnall  
Notary Public, S.C.

John Riley