

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or Charleston

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Samuel Nathaniel Pringle { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>19</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec 29</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Arthur Pringle(9) PRESENT POSTOFFICE OF FATHER 88 Morris(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE city(13) OCCUPATION Day Laborer(14) Number of children born to mother, including present birth { One

## MOTHER.

(14) NAME BEFORE MARRIAGE Lavinia Washington(15) PRESENT POSTOFFICE OF MOTHER 35 Franklin(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE city(19) OCCUPATION domestic(20) Number of children of this mother now living, including present birth { One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1209 P.M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Alvin M. Galt(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W. Short

Given name added from a supplemental report

(26) Witness W. Short (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1/2 191... (28) W. Short 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.

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