

(1) PLACE OF BIRTH

County of CharlestonTownship of Summerville

Inc. Town of

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

No. 3340Registration District No. 1003Registered No. 14
(For use of Local Registrar)(2) Full Name of Child Dorothy Pritchard

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

(3) SEX GIRL	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Gross Months	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
			<u>70</u>	<u>Feb. 26, 1923</u>

FATHER.

(8) FULL NAME Dennis Pritchard(9) PRESENT POSTOFFICE OF FATHER Duffin S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline McLean(15) PRESENT POSTOFFICE OF MOTHER Duffin S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 7:20 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. W. Wood(23) State whether Physician or Midwife midwife(24) Address of Physician or Midwife Basking Ridge, N.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed Mar. 7, 1923(27) Local Registrar J. P. Pritchard

When filed by an 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.

WRITING PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.