

## (1) PLACE OF BIRTH

County of SumterTownship of Privateeror  
Inc. Town of

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 Daniel Pringle

File No. — For State Registrar Only

2589

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

4104

Registration District No. Registered No. 2589

(For use of Local Registrar)

(No. St. Ward)

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of Birth

(6) Are Parent(s) Married?

(7) DATE OF BIRTH Jan. 12-1922

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Willie Pringle(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C. No. 2.(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 43

(OR RACE) (Years)

(12) BIRTHPLACE

Sumter Co. S.C.

(13) OCCUPATION

Farming(20) Number of children born to mother, including present birth Eight

## MOTHER

(14) NAME BEFORE MARRIAGE Susan Hastie(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C. No. 2.(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 30

(OR RACE) (Years)

(18) BIRTHPLACE

Sumter Co. S.C.

(19) OCCUPATION

House Work.(21) Number of children of this mother now living, including present birth Seven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at Sumter, S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Willie Pringle(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Sumter, S.C. 2.

Given name added from a supplemental report

(25) Witness

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

(27) Filed

1-21-22

(28) 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.