

(1) PLACE OF BIRTH

County of Edgefield
 Township of Shaw
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
18446

Registration District No..... Registered No. 14
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

1) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 4 6) Are Parents Married? Yes 7) DATE OF BIRTH June 28, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Walter Priggett
 9) PRESENT POSTOFFICE OF FATHER Clinton S.C.
 10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 28 (Years)
 12) BIRTHPLACE Edgefield County
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Marion L. Priggett
 15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.
 16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 28 (Years)
 18) BIRTHPLACE Edgefield County
 19) OCCUPATION Housewife
 21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:30 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. J. Priggett

(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 July 10, 1922 (28) P. H. Shelly 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.