

(1) PLACE OF BIRTH

County of HighlandTownship of Summit

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15937

Registration District No. 3901Registered No. 57

(For use of Local Registrar)

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

(2) Full Name of Child Human Prince

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH 5-27-27
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Uma Prince

(9) PRESENT POSTOFFICE OF FATHER

Summit S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Summit S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Lou Hargis

(15) PRESENT POSTOFFICE OF MOTHER

Summit S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Marlow S.C.

(19) OCCUPATION

H. Wife

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

10

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Human Prince at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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

15

(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.