

## (3) PLACE OF BIRTH

County of GlennTownship of Lanningor  
Inc. Town of .....or  
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

File No. - For State Registrar Only

24065

Registration District No. 1375Registered No. 16  
(For use of Local Registrar)(2) Full Name of Child Sarah Ruth Pringle

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

(3) SEX OF CHILD

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

8 23 23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Willie Pringle

(9) PRESENT POSTOFFICE OF FATHER

Paxville, S. C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21  
(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farming

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

1

## MOTHER.

(15) NAME BEFORE MARRIAGE

Annie Davis

(16) PRESENT POSTOFFICE OF MOTHER

Paxville S. C.

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

20  
(Years)

(19) BIRTHPLACE

S. C.

(20) OCCUPATION

Domestic

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 A. 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

MidwifePaxville, S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 10 1923(28) G. S. Liggins19  
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.