

22 049495

FILE No.—For State Registrar Only

02314

1. PLACE OF BIRTH

County of Pickland

Township of

or

Inc. Town of BlytheWOOD

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number) If child is not yet named, make supplemental report as directed.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3800

Registered No.

(For use of Local Registrar)

2. FULL NAME OF CHILD

3. Boy or Girl Boy 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? Yes 8. Date of birth Apr. 10, 1924, 1922 (Month, day, year)9. Full name J. E. Prince FATHER18. Name before marriage Annie Taylor MOTHER10. Residence (mailing address) (If non-resident, give place and State) BlytheWOOD19. Residence (mailing address) (If non-resident, give place and State) BlytheWOOD11. Color or race White 20. Age at last birthday 22 (Years)21. Age at last birthday 22 (Years)13. Birthplace (city or place) (State or country) BlytheWOOD22. Birthplace (city or place) (State or country) State of S. C. County of Pickland14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 19.....

25. Date (month and year) last engaged in this work 19.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead..... (c) Stillborn 2

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Kodack at 9 a.m. on the date above stated. (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report..... (Date of)

(Signed) Sally E. Surace, M.D. MidwifeAddress Blaney St.Filed March 24, 1941 M. B. Woodward, M.D. Registrar

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)