

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)

1. PLACE OF BIRTH

County of Pickland

Township of Blythe

or Inc. Town of Blythe

or City of Blythe

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3800

FILE No.—For State Registrar Only

02314

Registered No. 02314
(For use of Local Registrar)

Ward

2. FULL NAME OF CHILD

John E. Prince

3. Boy or Girl Boy

If Plural Births

4. Twin, triplet or other

6. Premature

7. Are Parents Married? Yes

8. Date of birth Apr. 10, 1927
(Month, day, year)

9. Full name

FATHER

18. Name before marriage

MOTHER

10. Residence (mailing address)
(If non-resident, give place and State)

19. Residence (mailing address)
(If non-resident, give place and State)

11. Color or race White

12. Age at last birthday 27 (Years)

20. Color or race White

21. Age at last birthday 27 (Years)

13. Birthplace (city or place)
(State or country)

22. Birthplace (city or place)
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

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

17. Total time (years) spent in this work 27

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

26. Total time (years) spent 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 7

(b) Born alive but now dead 2 (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 born at 10:00 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) Sallie E. Prince M.D.
or Sallie E. Prince Midwife

Address Blaney St.

Filed March 24, 1941 M. B. Woodward, M.D.
Registrar

Registrar.