

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of

or

Inc. Town of

or

City of Georgetown

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

26089

Registrar Only

Registration District No. 21-ARegistered No. 65

(For use of Local Registrar)

City of Georgetown (No. 1108 Prince 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 Eradine Daisy Prince If child is not yet named, make supplemental report as directedBOY OR GIRL? Girl

(3) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH

Mar. 16, 1922

(Name of Month) (Day) (Year)

22 (Year)

FATHER.

MOTHER.

(8) FULL NAME

Thomas Marion Prince

(14) NAME BEFORE MARRIAGE

Wagner Davis

(9) PRESENT POSTOFFICE OF FATHER

Georgetown S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

18 (Years)

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17 (Years)

(12) BIRTHPLACE

Georgetown

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Lab. worker

(19) OCCUPATION

Housewife

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

1

(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 alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Daisy Myers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

W. A. Love

Given name added from a supplemental report

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

(27) Filed Aug. 10, 1922 (28) Mrs. R. W. King 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.

FIRST-BORN, No. 1. USE A SEPARATE BLANK FOR EACH. THIS OTHER, No. 2, etc., in question.

MEANS OF COLUMBIA, COLUMBIA, S. C.