

WRITE PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOBAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charles
Township of James
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

33568

Registration District No. 904 Registered No. 79

(For use of Local Registrar)

City of (No. 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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Pringle(9) PRESENT POSTOFFICE OF FATHER R1 Charleston(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE Madras, India(13) OCCUPATION Farm Hand(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Dees(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE James Island(19) OCCUPATION Farm Hand(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Martha Hamilton
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

W. H. Pringle
Registrar

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

(27) Filed Oct 10 1922 (28) Leah Deas
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.