

Form No. 1

(1) PLACE OF BIRTH

County of Bertie Co.

Township of

or
Inc. Town ofor
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

41053

Registration District No. 7.0.0. Registered No.

(For use of Local Registrar)

(2) Full Name of Child Arlene Pringle (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Age Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>dec 7 27</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Causer Pringle

(9) PRESENT POSTOFFICE OF FATHER Ridgely Hill St

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23
(Year)

(12) BIRTHPLACE Bertie Co

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Fessie Smith

(15) PRESENT POSTOFFICE OF MOTHER Ridgely Hill St

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20
(Year)

(18) BIRTHPLACE Bertie Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Arlene at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Erma Pradley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed dec 29 1927 (28) Dr. J. Smith 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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

SEE PAGE 1. THE OTHER, No. 2, etc., in question 5.