

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Edisto  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar only  
**22031**

Registration District No. 3, 2, 0, 6 Registered No. 74  
 (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 Charles Print (If child is not yet named, make supplemental report as directed)

(a) SEX Male <u>Male</u>	(b) Type or Token To be answered only in event of Twin or Triplet	(c) Number in order of birth	(d) Age in years Months	(e) DATE OF BIRTH Month of birth (Day) (Year)
FATHER.			MOTHER.	
(1) FULL NAME <u>Red Print</u>			(14) NAME OF MOTHER <u>Printhia M. M. M.</u>	
(2) PRESENT RESIDENCE OF FATHER <u>Walhalla</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Walhalla</u>	
(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u>	(12) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>42</u>	(13) BIRTHDAY <u>10</u>
(18) BIRTHDAY <u>10</u>	(19) OCCUPATION <u>Farmer</u>	(14) BIRTHDAY <u>10</u>	(15) OCCUPATION <u>Housewife</u>	(16) BIRTHDAY <u>10</u>
(20) Number of children born to mother, including present birth <u>16</u>			(21) Number of children of this mother now living, including present birth <u>10</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) W. H. H. H.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Walhalla

Given name added from a supplemental report

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

(27) Date July 21, 1923 (28) Local Registrar W. H. H. H.

\*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.