

## (1) PLACE OF BIRTH

County of Dorchester

Township of .....

Inc. Town of Pregnalls

City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

31991

Registration District No. 1703Registered No. 102  
(For use of Local Registrar)

(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 Girl

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

1. BOY OR GIRL Girl 4. Twin or Triplet? 1 6. Number in order of birth 4

To be covered only in event of Twin or Triplet

(8) Are Parents Married? Yes(7) DATE OF BIRTH 9-10-23  
(Name of Month) (Day) (Year)

## FATHER

8. FULL NAME Prothro Skinner9. PRESENT POSTOFFICE OF FATHER Pregnalls(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
(Year)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE Humph(15) PRESENT POSTOFFICE OF MOTHER Pregnalls(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
(Year)(18) BIRTHPLACE Pregnalls(19) OCCUPATION Housewife(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 born alive as stillborn at 11 A.M. on the date above stated. (Born alive as stillborn) (Hour A. M. or P. M.)(23) (Signature) Prothro Skinner

(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 Nov. 17, 1923(28) Betty Jennings 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.

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