

WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
H. 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 1.

County of Suiter  
Township of Privateer  
or  
Inc. Town of .....  
or  
City of .....

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

File No.—For State Registrar Only  
26421

Registration District No. 4104..... Registered No. 73.....  
(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 Francis Pringle

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

(1) BOY OR GIRL? <b>Boy</b>		(4) Twin or Triplet? -----		(5) Number in order of birth? -----		(6) Are Parents Married? <b>yes</b>		(7) DATE OF BIRTH <b>Aug. 16-23</b> (Name of Month) (Day) (Year)	
<b>FATHER.</b>					<b>MOTHER.</b>				
(8) FULL NAME <b>James Pringle</b>					(14) NAME BEFORE MARRIAGE <b>Hattie Geter.</b>				
(9) PRESENT POSTOFFICE OF FATHER <b>Sumter, S.C.</b>					(15) PRESENT POSTOFFICE OF MOTHER <b>Sumter, S.C.</b>				
(10) COLOR OR RACE <b>Colored</b>		(11) AGE AT LAST BIRTHDAY <b>44</b> (Years)			(16) COLOR OR RACE <b>Colored</b>		(17) AGE AT LAST BIRTHDAY <b>29</b> (Years)		
(12) BIRTHPLACE <b>Sumter Co. S.C.</b>					(18) BIRTHPLACE <b>Lexington Co. S.C.</b>				
(13) OCCUPATION <b>Farming.</b>					(19) OCCUPATION <b>Housewife.</b>				
(20) Number of children born to mother, including present birth <b>{ 31x</b>					(21) Number of children of this mother now living, including present birth <b>{ Five</b>				

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was . . . 11 mo. . . . at 6 PM . . . M.,  
on the date above stated. (Signature) (Date) (Time A.M. or P.M.)

(28) (Signature)

(24) State whether Physician or Midwife. Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 10-10-50 (28) 10-10-50

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.