

(1) PLACE OF BIRTH

County of Lancaster
Township of Windsor
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32952

Registration District No. 3402 Registered No. 128
(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 James George Prigall If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth One (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 4, 1923
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Arthur Prigall
(9) PRESENT POSTOFFICE OF FATHER Sumner S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22
(Year)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Saw Mill Hand
(14) Number of children born to mother, including present birth One

MOTHER
(14) NAME BEFORE MARRIAGE Prigall
(15) PRESENT POSTOFFICE OF MOTHER Windsor, S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19
(Year)
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was White at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. L. ...

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Sumner S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed 10/12 1923

(27) Local Registrar J. F. McIntosh

*When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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