

(1) PLACE OF BIRTH

County of

Darlington

Township of

Mechanicsville #2

or

Town of

Lumber

or

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

29895

Registration District No.

Registered No.

41

(For use of Local Registrar)

2) Full Name of Child

James Prince

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

☒

(5) Number in order of birth

☒

(6) Are Parents Married?

No.

(7) DATE OF BIRTH

*9-27-**1922*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Percy Burroughs

(9) PRESENT POSTOFFICE OF FATHER

Mont Clare S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

19

(Years)

(12) BIRTHPLACE

Georgetown County S.C.

(13) OCCUPATION

laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Clara Prince

(15) PRESENT POSTOFFICE OF MOTHER

Mont Clare S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Bennettsville S.C.

(19) OCCUPATION

cook

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

9

(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 *born alive* *740 a* *M.* on the date above stated. (Boy, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

A. B. Houston

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Dec. 1, 1922

(28)

E. C. Early
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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