

## (1) PLACE OF BIRTH

County of LynchTownship of Lawsonor  
Inc. Town of .....or  
(City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4410

Registration District No. 2904 Registered No. 18  
(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 Alma Prince If child is not yet named, make supplemental report as directed(3) BOY OR GIRL  
girl(4) Twin or triplet  
To be answered only in event of Twin or Triplet(5) Number in order of birth  
#2(6) Are Parents Married  
yes(7) DATE OF BIRTH Feb 12 23  
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER. Golden Prince

(9) PRESENT POSTOFFICE OF FATHER

Watts Mills

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 23  
(Year)

(12) BIRTHPLACE

Ga.

(13) OCCUPATION

mill work.

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Lemontia Rice

(15) PRESENT POSTOFFICE OF MOTHER

Watts Mills

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 38  
(Year)

(18) BIRTHPLACE

Tenn.

(19) OCCUPATION

Domestic.

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:30 A.M., on the date above stated. (born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

(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 parent)

(27) Filed Feb 15 23 (28) 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.

\*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.

REMARKS: WHENEVER BORN BLEEDING. WITH PLAINLY. WITH UNFAMOUS. THIS IS A PERMANENT RECORD. N. 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. Mark on Column. Columns, B. C.