

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41612

Township of

or
Inc. Town of

Registration District No.

Registered No.

(For use of Local Registrar)

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Helena Prince

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 3 1922 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Charlie Prince

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER Chisaw S.C.

(15) PRESENT POSTOFFICE OF MOTHER Chisaw S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 20 (Years)

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Chisaw S.C.

(18) BIRTHPLACE Chesterfield Co. S.C.

(13) OCCUPATION Farming

(19) OCCUPATION Farm Land

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. H. Norwood

(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

Dec 12 1922

(28)

M. H. Norwood

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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