Form No. 1

(1) PLACE OF BIRTH

County of Berkeley

Township of St. Stephens

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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
17699

Registration District No. 705 Registered No. 57
(For use of Local Registrar)

(2) Full Name of Child Victoria Prioleau

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

(3) BOY OR GIRL? G

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 14, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Prioleau

(9) PRESENT POSTOFFICE OF FATHER Pineville

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Pineville

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Catharine Judge

(15) PRESENT POSTOFFICE OF MOTHER Pineville

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Pineville

(19) OCCUPATION Farmwife

(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 at 10 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sophie Judge

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Pineville

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed June 17, 1922 (28) W. A. Floyd
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.

N. B.—In case of twins or triplets use a separate blank for each child.
Issued by Bureau of Vital Statistics, State Board of Health, Columbia, S. C.