

(1) PLACE OF BIRTH

County of Charleston

Township of _____

City of _____

City of Charleston, S.C.

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

2) Full Name of Child Julius Prioleau Jr.3) BOY OR GIRL? B(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? yes(7) DATE OF BIRTH May 31 1914

FATHER

(8) FULL NAME Julius Prioleau(9) PRESENT POSTOFFICE OF FATHER 14 Wall(10) COLOR OR RACE C(11) BIRTHPLACE Georgetown(12) OCCUPATION Laborer(13) Number of children born to mother, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

23) I hereby certify that I attended the birth of this child, who was born alive at 4:45 AM on the date above stated.(23) (Signature) Abbie Jean Rivers(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife 21 Marsh

Given name and full from a supplemental report

9/23/14L.A. Rivers M.D.

Registrar

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

(27) Filed 6/5 1914 J. Mercier Green M.D. 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.

Registrar

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

File No.—For State Registrar Only

17808

Registration District No. 9A Registered No. 775

(For use of Local Registrar)

St.; _____ Ward

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

(14) NAME BEFORE MARRIAGE Ethel Gethers(15) PRESENT POSTOFFICE OF MOTHER 14 Wall(16) COLOR OR RACE C(17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Georgetown(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1