

MARGIN RESERVED FOR READING
 WITH PLAINLY, WITH INFANTS IN A PERMANENT RECORD
 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lee</u>		STATE OF SOUTH CAROLINA		31070	
Township of <u>W. Shawcross</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of.....		Registration District No. <u>3003</u>		Registered No. <u>65</u>	
or				(For use of Local Registrar)	
City of.....		(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 <u>Frederick Prince</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH..... 19....	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>William Prince</u>			(14) NAME BEFORE MARRIAGE <u>Lucia McLeod</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Beaufort</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Beaufort</u>		
(10) COLOR OR RACE <u>col</u>			(16) COLOR OR RACE <u>col</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u>			(17) AGE AT LAST BIRTHDAY <u>20</u>		
(12) BIRTHPLACE <u>Ill</u>			(18) BIRTHPLACE <u>Ill</u>		
(13) OCCUPATION <u>Housekeeper</u>			(19) OCCUPATION <u>House help</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was..... at..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Henry F. McLeod</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Beaufort</u>					
Given name added from a supplemental report			(26) Witness.....		
.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... 19.... Registrar			(27) Filed <u>Sept 21 1922</u> (28) <u>Thos. M. J. Jones</u> 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.					

RECEIVED OF COLUMBIA, S. C.