

Form No. 1

## (1) PLACE OF BIRTH

County of Berkley  
 Township of St. Stephen  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6639

Registration District No. 706 Registered No. 29  
 (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 Viola Wingle 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Mar. 4, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Peter Wingle  
 (9) PRESENT POSTOFFICE OF FATHER Princeton  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 54 (Years)  
 (12) BIRTHPLACE Princeton  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Calie Jones  
 (15) PRESENT POSTOFFICE OF MOTHER Princeton  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE Princeton  
 (19) OCCUPATION House-wife  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Salina M. Cray  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Princeton

Given name added from a supplemental report

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

(27) Filed Mar. 11, 1922 (28) M. A. Ford 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.