

(1) PLACE OF BIRTH

County of Dillon
 Township of Hillsboro
 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

17422

Registration District No. 1683 Registered No. 63
 (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 Edith Irene Prigioni If child is not yet named, make supplemental report as directed

(3) SEX OR SEX <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 22, 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Landon Prigioni</u>			(14) NAME BEFORE MARRIAGE <u>Sue Hicks</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Fork SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Fork SC</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>white</u>		
(12) BIRTHPLACE <u>SC</u>		(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(13) OCCUPATION <u>Farming</u>		(18) BIRTHPLACE <u>SC</u>		
		(19) OCCUPATION <u>House wife</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 born alive at 4 P. M.,
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) C. Leahy Hunt (24) Address of Physician or Midwife
 (24) State whether Physician or Midwife Midwife Fork SC

Given name added from a supplement
 report

(25) Witness Mrs. N. X. Schaeffer
 (Signature of Witness necessary only
 when question 23 is signed by mark)
 (27) Filed July 5, 1923 (28) N. X. Schaeffer
 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.