

(3) FATHER (or Mother)

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston

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

(2) Full Name of Child Baby PringleFile No.—For State Registrar Only  
3225

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 14Registered, No. 315

(For use of Local Registrar)

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

(1) SEX OF CHILD? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 10 28  
(Name of Month) (Day) (Year)(8) FULL NAME - Edward J. Pringle(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Auto - Salesman(14) Number of children born to mother, including present birth Three(15) NAME BEFORE MARRIAGE Mell F. Rice(16) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 31  
(Years)(19) BIRTHPLACE S.C.(20) OCCUPATION Domestic(21) Number of children of this mother new living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 6 PM  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Pringle(24) State whether Physician or Midwife (25) Address of Physician or Midwife 14 Elmwood

Even name added from a supplemental report

(26) Witness

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

(27) Filed 2/19/28 (Day) Merrie Green (Local Registrar)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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