

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9985

Registration District No. 400 Registered No. 57
(For use of Local Registrar)

St. Ward)

(No.)

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

(2) Full Name of Child Carrie Prager

(3) BOY OR GIRL? Girl (4) Twin or Triple? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH 11/23/1922 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Nick Prager

(9) PRESENT POSTOFFICE OF FATHER DENMARK, S. C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Ga

(13) OCCUPATION Day Laborer

(14) NAME BEFORE MARRIAGE Ella Kearse

(15) PRESENT POSTOFFICE OF MOTHER DENMARK, S. C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE DENMARK

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth 4

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edith Harrison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife DENMARK S. C.

Given name added from a supplemental report

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

(27) Signed 5/8/23 (28) John Coover 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.