

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.  
McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of *Charleston*  
Township of .....  
or  
Inc. Town of .....  
or  
City of *Charleston*

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**76025**

Registration District No. *9th* Registered No. *1018*  
(For use of Local Registrar)  
City of ..... (No. *Roper Hospital* 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... *Baby Pridney* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 25 1916</i> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <i>H. K.</i>	(14) NAME BEFORE MARRIAGE <i>Carri Pridney</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>26. Elliott St.</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>H. K.</i>	(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>H. K.</i> <small>(Years)</small>	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>21</i> <small>(Years)</small>
(12) BIRTHPLACE <i>H. K.</i>	(13) OCCUPATION <i>H. A.</i>		(18) BIRTHPLACE <i>Charleston</i>	(19) OCCUPATION <i>Nurse</i>
(20) Number of children born to mother, including present birth { <i>3</i> }			(21) Number of children of this mother now living, including present birth { <i>2</i> }	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *Born alive*, at *12:50 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *H. K. Pridney*  
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *McCaw, of Columbia*

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *9/27/16* 191..... (28) .....  
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.