

Form No. 1

(1) PLACE OF BIRTH

County of SanTownship of San

or

Inc. Town of San

or

City of San

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25599

Registration District No. 1409Registered No. 168

(For use of Local Registrar)

(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 James Prince Jr

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH June 3, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to mother, including present birth

(14) AGE AT LAST BIRTHDAY 25
(Years)

MOTHER.

(15) NAME BEFORE MARRIAGE Fay Prince(16) PRESENT POSTOFFICE OF MOTHER Colleton Co.(17) COLOR OR RACE White(18) BIRTHPLACE Colleton Co.(19) OCCUPATION Housekeeper

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Dora Winstanley(23) State whether Physician or Midwife midwife(24) Address of Physician or Midwife Wallerboro, S. C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed Sept 10, 1922(27) Local Registrar W. D. Black

*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.