

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofCity 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 Vincent Francis(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth No. 1st (6) Sex Female (7) DATE OF BIRTH April 5 1922 (8) Age (Months) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER. (9) FULL NAME James Francis(10) PRESENT POSTOFFICE OF FATHER Charleston S.C.(11) COLOR OR RACE negro (12) AGE AT LAST BIRTHDAY 27 (Year)(13) BIRTHPLACE Cainhoy S.C.(14) OCCUPATION Laborer(15) Number of children born to mother, including present birth Five (5)MOTHER. (16) NAME BEFORE MARRIAGE Natalie Pringle(17) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(18) COLOR OR RACE negro (19) AGE AT LAST BIRTHDAY 26 (Year)(20) BIRTHPLACE Charleston(21) OCCUPATION Domestic(22) Number of children of this mother now living, including present birth Three (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated. (Hour/h. M. or P. M.)(24) (Signature) Chas. Blumhulser (25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife m.d.

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only if question 23 is signed by mark) H. J. Mercer Local Registrar(28) 19 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.