

## (1) PLACE OF BIRTH

County of Richland  
 Township of Lower  
 or  
 Inc. Town of Eastover, S.C.  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

16548

Registration District N3803Registered No. 111  
(For use of Local Registrar)

St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (No. \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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

(3) BOY OR GIRL girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH 5/15/22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Pringle(9) PRESENT POSTOFFICE OF FATHER Eastover, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 45  
(Years)(12) BIRTHPLACE Richland County(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Jannette(15) PRESENT POSTOFFICE OF MOTHER Eastover, S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 34  
(Years)(18) BIRTHPLACE Richland County(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dolly Pringle Eastover  
 (24) State whether Physician or Midwife (25) Address of \_\_\_\_\_ or Midwife 22

Given name added from a supplemental report

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

(27) Filed 5/18/22 (28) Dr. Ferguson 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.