

(1) PLACE OF BIRTH

County of

Township of

or
Ine. Town ofor
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

Health Board of Health

File No.—For State Registrar Only

10250

Registration District No. 9 A Registered No. 531

(For use of Local Registrar)

St. (Butler Ward) 10

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

2) Full Name of Child James William Pritchard

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Is he covered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH April 3, 1922

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Jesse Pritchard

(14) NAME BEFORE MARRIAGE

Martha Monroe

(9) PRESENT POST OFFICE OF FATHER

Charleston SC

(15) PRESENT POST OFFICE OF MOTHER

Charleston SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY 27 (Years)

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE

Summerville SC

(18) BIRTHPLACE

Summerville SC

(13) OCCUPATION

Automobile Mechanic

(19) OCCUPATION

own house keeper

(20) Number of children born to mother indicating present birth

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

21 E. St

Give name listed from a supplemental report

191

Registrar

(26) Witness

J. Williams

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

(27) Filed

4/10/22

(28)

J. Mervin Green M.D.

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.

NO 03 CHVETESION

NO 03 SOUTH CAROLINA