

MAY BE RESERVED FOR FINDING.

WRITE PLAINLY AND UNFADING INK—THIS IS A PERMANENT RECORD—DO NOT USE PENCIL OR TYPE OR INK—THIS IS A SEPARATE BLANK FOR EACH CHILD—DO NOT WRITE IN FIRST BIRTH NO. 1, THE OTHER NO. 2, ETC., IN OTHERS.

RECEIVED BY CLERK OF COURTS, D. C.

3/15/10

(1) PLACE OF BIRTH County of <u>Colleton</u> Township of <u>Heiden</u> or Inc. Town of or City of		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; font-size: 1.5em; font-weight: bold;">932</div>	
Registration District No. <u>1409</u>		Registered No. <u>38</u> (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 <u>Mary Pringle</u>					
(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 To be answered only in case of Twins or Triplets	(6) Are Parents Married? —	(7) DATE OF BIRTH..... 19..... (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>M. O. Pringle</u>			(14) NAME BEFORE MARRIAGE <u>Ellen Pringle</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Rittus S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rittus S. C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Laborer.</u>			(19) OCCUPATION <u>Domestic.</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>S. P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Emma Saylor</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Rittus</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)		
(27) Filed <u>Feb 10</u> 19 <u>10</u>			(28) <u>M. W. Mack</u> 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.					