

MARGIN RESERVED FOR BINDING.  
 WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
 IN CASE OF LIVING OR STILLBORN CHILD, AND UNDER THE  
 PROVISIONS, No. 1, THIS OFFICE, No. 2, etc. in question 6

(1) PLACE OF BIRTH

County of Charleston  
 Township of St. Philip  
 or  
 Town of  
 or  
 City of St. Philip

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

File No.—For State Registrar Only  
**3504**

Registration District No. 909 Registered No. 31  
 (For use of Local Registrar)

City of St. Philip Ward  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Dymon Pringle  
 (If child has not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st  
 To be answered only in case of Twins or Triplets (6) Are Parents Married? Yes (7) DATE Feb 16, 1922  
 BIRTH (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME William D. Pringle  
 (9) PRESENT POSTOFFICE OF FATHER Myers S. C.  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Charleston Co.  
 (13) OCCUPATION Labourer  
 (14) Number of children born to mother, including present birth 4

MOTHER  
 (14) NAME BEFORE MARRIAGE Frances McLean  
 (15) PRESENT POSTOFFICE OF MOTHER Myers S. C.  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE Charleston Co.  
 (19) OCCUPATION Housework  
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 9 A.M.  
 (Born alive or stillborn) (Hour (A.M. or P.M.))  
 on the date above stated.

(23) (Signature) Mama Thoulson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 21 Norman St Charleston

Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 22 is signed by parent)  
 (27) Filed Feb 20, 1922 (28) W. F. Myers 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.  
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