

(1) PLACE OF BIRTH

County of ChesterfieldTownship of Proctor

Inc. Town of

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

State Board of Health

File No.—For State Registrar Only

48613

Registration District No. 1707 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Vernie Prince { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>✓</u>	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 8</u>
Subsequent only in case of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Prince(9) PRESENT POSTOFFICE OF FATHER Cash(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY about 27 (Years)(12) BIRTHPLACE Chesterfield(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Buchanan(15) PRESENT POSTOFFICE OF MOTHER Cash(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY about 28 (Years)(18) BIRTHPLACE Chesterfield(19) OCCUPATION House & farm work(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Barkana K. K.

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

Midwife Cash

Given name added from a supplemental report

..... 1st.....

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1st..... (28) A. S. Mattheus 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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.
 McCaw, of Columbia.