

(1) PLACE OF BIRTH

County of Cherokee
 Township of Dowdazaville
 or
 Inc. Town of.....
 or
 City of.....

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

No. 9768—For State Register Only

Registration District No. 1002 Registered No. 16
 (For use of Local Registrar)

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

(2) Full Name of Child William Pridmore If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>Girl</u>	(4) Type or Triplet To be answered only in case of Triplet or Triplet	(5) Number in order of birth	(6) Age at Birth <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 28, 1928</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>D. B. Pridmore</u>			(14) NAME BEFORE MARRIAGE <u>Ethel M. Hughes</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Wilkinsville S.C. Rte. 1</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Wilkinsville Rte. 1</u>	
(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(12) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(13) BIRTHPLACE <u>Near Wilkinsville</u>
(18) BIRTHPLACE <u>Near Wilkinsville</u>	(19) OCCUPATION <u>Farming</u>	(14) BIRTHPLACE <u>Near Wilkinsville</u>	(15) OCCUPATION <u>Housekeeping</u>	(16) Number of children of this mother now living, including present birth <u>2</u>
(20) Number of children born to mother, including present birth <u>2</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated.
 (Born alive or stillborn) (Hour—minutes P. M.)

(22) (Signature) L. B. Blakely M.D.
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Wilkinsville S.C.

Given name added from a supplemental report

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

(26) Filed Apr 10, 1928 (27) Sam Strain 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.