

(1) PLACE OF BIRTH

County of Beaufort
 Township of Beaufort
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

Registration District No. 60313 Registered No. 3
 (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 Douglas Pringle If child is not yet named, make supplemental report as directed

(3) SEX OR Boy (4) 8 (5) Yes (6) DATE OF BIRTH Jan 17 1923
 To be covered only in case of Twins or Triplets

FATHER.

(8) FULL NAME William Pringle
 (9) PRESENT RESIDENCE OF FATHER Yemassee
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40
 (12) BIRTH-PLACE Beaufort S
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Florie Thomas
 (15) PRESENT RESIDENCE OF MOTHER Yemassee
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTH-PLACE Beaufort S
 (19) OCCUPATION House wife
 (20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Myra Thomas
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed (27) (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.