

(1) PLACE OF BIRTH

County of Charleston
 Township of Marble Hill
 or
 Inc. Town of
 or
 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

39845

Registration District No. 4.5.0.1 Registered No. 13
 (For use of Local Registrar)
 City of (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 Ella Mae Pritchard If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE BIRTH Feb. 14, 23
 (Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME Jimmie Pritchard

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 29
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Davis

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 26
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION at home

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Rabboni W. Ryals
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Midwife Charleston S.C.

Given name added from a supplemental report

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

(26) Filed May 23, 1923 (27) 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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