

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only  
**83836**

(1) PLACE OF BIRTH  
County of W. York  
Township of Jordan  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4302 Registered No. 148  
(For use of Local Registrar)

(2) Full Name of Child James A. Pringle { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Y (7) DATE OF BIRTH Sept 27 1914  
(Name (Month) (Day) (Year))

**FATHER.**  
(8) FULL NAME Albert Pringle  
(9) PRESENT POSTOFFICE OF FATHER Exceter SC  
(10) COLOR OR RACE Wyo (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farms  
(20) Number of children born to mother, including present birth { ..... 3 .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Viola Demore  
(15) PRESENT POSTOFFICE OF MOTHER Exceter SC  
(16) COLOR OR RACE Wyo (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Farms wife  
(21) Number of children of this mother now living, including present birth { ..... 3 .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) 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 A. M. or P. M.)  
(23) (Signature) Rose Williams  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife .....

Given name added from a supplemental report ..... 191.....  
(26) Witness L. P. Asd (Signature of Witness necessary only when question 23 is signed by marriage)  
(27) Filed Nov 3 1914 (28) L. P. Asd 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.

MARGIN RESERVED FOR BINDING.  
 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 5.  
 S. C. W. of Columbia.