

(1) PLACE OF BIRTH

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

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

Registration District No. 40-a

File No. — For State Registrar Only

16631

Registered No. 221
(For use of Local Registrar)

(2) Full Name of Child Kathleen Prinsick (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of street and number.)

(3) ~~SEX~~ OR GIRL? Yes (4) ~~Sex~~ or one (5) Number in order of birth 1st (6) Are Parents Married? No (7) DATE OF BIRTH 5-24-22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Howard Shipley
(9) PRESENT POSTOFFICE OF FATHER Pacolet S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22
(12) BIRTHPLACE Don't know
(13) OCCUPATION Farming

MOTHER.
(14) NAME BEFORE MARRIAGE Sallie Prinsick
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24
(18) BIRTHPLACE Union S.C.
(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1st

(21) Number of children of this mother now living, including present birth 1 of 1

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(23) (Signature) Lester Carle (Bore alive or stillborn) At (Hour A. M. or P. M.)
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lawrence

Given name added from supplemental report

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

(27) Filed 6-1-22 Jas. Copes 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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