

Form No. 1

## (1) PLACE OF BIRTH

County of Berkeley  
 Township of St. Stephens  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Register Only

37363

Registration District No. 705 Registered No. 117  
 (For use of Local Registrar)

(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 Frances Pringle (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 6, 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Vannie Pringle  
 (9) PRESENT POSTOFFICE OF FATHER Russellville  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Years)  
 (12) BIRTHPLACE Russellville  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 6

MOTHER.  
 (14) NAME BEFORE MARRIAGE Rosie Galden  
 (15) PRESENT POSTOFFICE OF MOTHER Russellville  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)  
 (18) BIRTHPLACE Russellville  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Burgess  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Russellville

Given name added from a supplemental report

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

(27) Filed Nov. 13, 1922 (28) M. A. Lloyd 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.