(1) PLACE OF BIRTH

County of Horry

Township of Conway

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 Registrar Only

4594

Registration District No. 2602 Registered No. 19

(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 Mazie Prentice

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			yes	Feb 9, 22

FATHER.

(8) FULL NAME Lewis Prentice

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Brooklyn

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Margie Hamilton

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Horry Co

(19) OCCUPATION Housework

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was living at 1:30 P. M. on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edna Proctor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Conway, S. C.

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed Feb 17 1922 (28) J. L. Dozier

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.

WHITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark 1st, 2nd or 3rd.

FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 5.

McCAW OF COLUMBIA, S. C.