

Form No. 1

## (1) PLACE OF BIRTH

County of Beaufort  
 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

Registration District No. 705

File No. — For State Registrar Only

10142

Registered No. 86  
 (For use of Local Registrar)

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

(3) BOY OR GIRL G (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH Apr. 7, 1922  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME James Priscilla  
 (9) PRESENT POSTOFFICE OF FATHER Princeton  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36 (Years)  
 (12) BIRTHPLACE Princeton  
 (13) OCCUPATION Farming

## MOTHER

(14) NAME BEFORE MARRIAGE Mary Middleton  
 (15) PRESENT POSTOFFICE OF MOTHER Princeton  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 36 (Years)  
 (18) BIRTHPLACE Princeton  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edwin J. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Winters, Princeton

Given name added from a supplemental report

(26) Witness

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

(27) File

Apr. 11, 1922

(28)

Ke. Q. ...  
 Local Registrar

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.