

MARRIAGE RECORDS FOR BIRTHING. WATER PLAINLY. WITH UNPAID. THE MINIMUM REQUIRED. JUNE OF TWENTY OR TWENTY-ONE. A MAJORITY OF THE MINIMUM REQUIRED. FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 8.

(1) PLACE OF BIRTH

County of Charleston
Township of 11
or
Inc. Town of 11
or
City of 11

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

Registration District No. 9A

File No.—For State Registrar Only
41261 1905

Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Donally Corline Prayner

Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL
Girl

(4) Twin or Triplet? ☒
To be answered only in event of Twin or Triplet

(5) Number in order of birth 1

(6) Are Parents Married? ☒

(7) DATE OF BIRTH Dec 31 1905
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Po Mario Prayner

(9) PRESENT POSTOFFICE OF FATHER Spartanburg SC

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

(12) BIRTHPLACE Charleston SC

(13) OCCUPATION Quarrying Machinery

(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Julius Donally Melcher

(15) PRESENT POSTOFFICE OF MOTHER Charleston SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Charleston SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) [Signature]

(24) State of South Carolina Physician or Midwife

(25) Address of Physician or Midwife Charleston SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness) [Signature]
when question 23 is signed

(27) Registrar

(28)

Local Registrar

When there was no attending physician or midwife, then the father, mother, or other person should make this return. If a child breathes even once, it must be reported as a live birth. If a child is born dead, a report is desired of stillbirths before the first month of pregnancy.