

Form No. 1

(1) PLACE OF BIRTH

County of Abbe Co
 Township of Adair
 or
 Inc. Town of Adair
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8965

Registration District No. 106 Registered No. 16
 (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 William Clyde Pruitt

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

(3) SEX OF CHILD Male (4) Twin or Triplet — (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 6 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hubert Pruitt
 (9) PRESENT POSTOFFICE OF FATHER Level Land S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Year)
 (12) BIRTHPLACE Abbe Co
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Hagan
 (15) PRESENT POSTOFFICE OF MOTHER Level Land S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Year)
 (18) BIRTHPLACE Abbe Co
 (19) OCCUPATION Housewife
 (20) 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 alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Pruitt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness _____

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

(27) Filed May 5 1923 (28) J. H. Proctor 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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 H. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Statistics, Columbia, S. C.