

N.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 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA.		66199	
Township of <u>Beekspan</u>		Bureau of Vital Statistics			
Inc. Town of <u>Duncan</u>		State Board of Health			
City of		Registration District No. <u>4000</u>		Registered No. <u>90</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Annie Mae Pruitt</u>				If child is not yet named, make supplemental report as directed	
(3) BOY or GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age <u>4 yrs</u>	(7) DATE OF BIRTH <u>June 6</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Borden Pruitt</u>			(14) NAME BEFORE MARRIAGE <u>Lela Holden</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Duncan</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Duncan</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC NC</u>		
(13) OCCUPATION <u>Domestic</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>11:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)					
(23) (Signature) <u>J. C. Moore, M.D.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Duncan</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 191.....			(27) Filed <u>6/23/1916</u> (28) <u>J. C. Moore, M.D.</u>		
Registrar			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.