

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
74710

(1) PLACE OF BIRTH  
County of Spottsylvania  
Township of Beach Spring  
or  
Inc. Town of Juan  
or  
City of Ruth (No. 40009 Registered No. 117)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
St.; ..... Ward  
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Ruth Pruitt

(3) SEX OR CHILD <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 11 1916</u> (Name of Month) (Day) (Year)
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To be answered only in event of Twins or Triplets.

FATHER.		MOTHER.	
(8) FULL NAME <u>Rayton Pruitt</u>	(14) NAME BEFORE MARRIAGE <u>Edna Thomson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Duncan St</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Duncan St</u>	(16) COLOR OR RACE <u>White</u>	(18) BIRTHPLACE <u>NC</u>	(19) OCCUPATION <u>Domestic</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(20) Number of children of this mother now living, including present birth <u>3306</u>	
(12) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>12</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) J. M. Moore  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Duncan St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Aug 14 1916 (28) Local Registrar J. M. Moore

\*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.