

CERTIFICATE OF BIRTH

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 Juan
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 40009 Registered No. 117
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child Ruth Pruitt
If child is not yet named, make supplemental report as directed

(3) Sex of Child Female
(4) Twin or Triplet? No
(5) Number in order of birth 1
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Aug 11 1916
(Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Edna Thomson
(15) PRESENT POSTOFFICE OF MOTHER Juan

(9) FULL NAME Rayton Pruitt
(10) PRESENT POSTOFFICE OF FATHER Juan
(11) AGE AT LAST BIRTHDAY 37
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 37
(Years)

(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 37
(12) BIRTHPLACE SC
(18) BIRTHPLACE no
(19) OCCUPATION Domestic

(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 12
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 P. M.,
(Hour A. M. or P. M.)
on the date above stated.
(23) (Signature) J. J. Jemmett
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Juan

(26) Witness (Signature of witness necessary only when question 22 is signed by mark) J. J. Jemmett
(27) Filed Aug 14 1916 (28) Local Registrar

Given name added from a supplemental report
191.....
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.