

(1) PLACE OF BIRTH

County of UnionTownship of Buffaloor
Inc. Town of BuffaloCity of Buffalo

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12268

Registration District No. 42BRegistered No. 47
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child

Jesse Pruitt

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

3 BOY OR GIRL

Boy

4 Twin or Triplet

X

5 Number in order of birth

X

6 Are Parents Married

yes

7 DATE OF

BIRTH

4-21-23
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

Jesse Pruitt

9 PRESENT POSTOFFICE OF FATHER

Buffalo S.C.

10 COLOR OR RACE

White

11 AGE AT LAST BIRTHDAY

22
(Years)

12 BIRTHPLACE

Shandonburg S.C.

13 OCCUPATION

Mill Work

MOTHER.

14 NAME BEFORE MARRIAGE

Myrtle Duck

15 PRESENT POSTOFFICE OF MOTHER

Buffalo S.C.

16 COLOR OR RACE

White

17 AGE AT LAST BIRTHDAY

26
(Years)

18 BIRTHPLACE

Union Co. S.C.

19 OCCUPATION

Mill Work

20 Number of children born to mother including present birth

one

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

A. P. McEwen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Union S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 10 1923 (28) Jae Woodward
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.

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