

NOTE: UNFOLDING INK—THIS IS A PERMANENT RECORD.
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.

DEPARTMENT OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson
Township of Hall
OR
Inc. Town of
OR
City of

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

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

Registration District No. 306

File No.—For State Registrar Only
40837

Registered No. 136
(For use of Local Registrar)

(2) Full Name of Child Myrtis Estelle Pruitt

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

(3) BOY OR GIRL Boy (4) Twin Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 10, 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. Albert Pruitt
(9) PRESENT POSTOFFICE OF FATHER Star, S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34
(12) BIRTHPLACE Abbeville Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1111

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtis Pruitt
(15) PRESENT POSTOFFICE OF MOTHER Star S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33
(18) BIRTHPLACE Abbeville Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1111

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Olga V. Pruitt
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 10, 1923 S. M. McAdams 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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