

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66249

(1) PLACE OF BIRTH

County of *Spartanburg*

Township of *Cross Anchor*

or Inc. Town of

or City of

Registration District No. *4023* Registered No. *60*

(For use of Local Registrar)

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

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

(3) Sex of Child *Male* (4) Twin or Triplet? *No* (5) Number in order of birth *5th* (6) Are Parent Married? *Yes* (7) DATE OF BIRTH *June 22 1916*

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME *Claude Pruitt*

(14) NAME BEFORE MARRIAGE *Missie May Nembree*

(9) PRESENT POSTOFFICE OF FATHER *Cross Anchor Rout #1*

(15) PRESENT POSTOFFICE OF MOTHER *Cross Anchor S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *28* (Years)

(12) BIRTHPLACE *Spartanburg County*

(18) BIRTHPLACE *Spartanburg County*

(13) OCCUPATION *Farmer -*

(19) OCCUPATION *Farmer's wife - Housewife*

(20) Number of children born to mother, including present birth *5*

(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *1-30 PM* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *C. W. Workman*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician *Cross Anchor*

Given name added from a supplemental report

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

(27) Filed *July 1 1916* (28) *C. D. Haslam* Local Registrar

Registrar

Local Registrar

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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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WHEN RECEIVED FOR INDEXING, ATTACH TO THIS A PREPARED RECORD, WHICH IN ALL CASES, WITH THE EXCEPTED CASES, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE S. R.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK, NO. 2, ETC., IN QUESTION 8.

FORM NO. 8

WHEN

W. E. McCaw, Jr., Columbia

McCaw