

(1) PLACE OF BIRTH

County of Lancaster
 Township of Horton
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar Only

30965

Registration District No. 2907 Registered No. 76
 (For use of Local Registrar)

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

(2) Full Name of Child Rutherford Pitts

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 17 1922
 (Month of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James Pitts

(9) PRESENT POSTOFFICE OF FATHER Monroville

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
 (Years)

(12) BIRTHPLACE Newberry Co

(13) OCCUPATION Farm

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

MOTHER.
 (14) NAME BEFORE MARRIAGE Mamie Jones

(15) PRESENT POSTOFFICE OF MOTHER Monroville

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
 (Years)

(18) BIRTHPLACE Newberry Co

(19) OCCUPATION Farm

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Wm. J. Jones (24) State where Physician or Midwife South Carolina (25) Address of Physician or Midwife Monroville

Given name added from a supplemental report

(26) Witness Sept 25 1922 (Signature of Witness necessary only when question 23 is signed by mark)

(27) File 1922 (28) 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.