

(1) PLACE OF BIRTH

County of UnionTownship of Unionor
Inc. Town ofor
City of Union

(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

File No.—For State Registrar Only
20370Registration District No. 42-ARegistered No. 79

(For use of Local Registrar)

St.; 4 Ward)(2) Full Name of Child Vera Pridemore { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <small>Take account only in case of twins & triplets</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>June 25 22</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME B. H. Pridemore(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Tennessee(13) OCCUPATION Operator, Cotton mill(14) Number of children born to mother, including present birth { two }

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Joyner(15) PRESENT POSTOFFICE OF MOTHER Union, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Lee Co, Virginia(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth { two }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Salley

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

M. D. 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 7-10-22 (28) J. V. Farratt 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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N. B.—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.

N. C. W. of Columbia.

MCCAY