

(1) PLACE OF BIRTH

County of PickensTownship of Central

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 8186 - For State Register

8186

Registration District No. 8704 Registered 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 Cornelia Grace Pratt If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet - (5) Number in order of birth 2 (6) Age at birth 74 (7) DATE OF BIRTH Feb 18 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Henry Pratt(9) PRESENT POSTOFFICE OF FATHER Central #2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE Pickens Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 2

MOTHER.

(15) NAME BEFORE MARRIAGE Olivia Newlon(16) PRESENT POSTOFFICE OF MOTHER Central #2(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 21
(Year)(19) BIRTHPLACE Pickens Co.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Cornelia G. Clayton (24) State whether Physician or Midwife (25) Address of Physician or Midwife Central

Given name added from a supplemental report

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

(27) Filed Mar 21 1923 (28) J. H. Beasley Local Registrar.

19 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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