

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1922 1017

17.5824

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

1. PLACE OF BIRTH

County of Spaulding

Township of _____

or

Inc. Town of _____

or

City of Spaulding

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

Registration District No. _____ Registered No. _____

(For use of Local Registrar)

(No. _____ St.; _____ Ward)

2. FULL NAME OF CHILD

Heywood Duane Pratt

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

3. Boy or Girl ☒ If Plural birth ☐ 4. Twin, triplet, or other ☒ 5. Number, in order of birth 1 6. Premature ☒ Full term ☒ 7. Are Parents Married? ☒ 8. Date of birth Feb 7- 1922 (Month, day, year)

9. Full name FATHER James Marion Pratt 18. Full maiden name MOTHER Etta Burdett

10. Residence (usual place of abode) Ref. 5 19. Residence (usual place of abode) Ref. 5 (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 24 (Years) 20. Color or race W 21. Age at last birthday 22 (Years)

13. Birthplace (city or place) Ill (State or country) 22. Birthplace (city or place) Ill (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. McClary 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. - 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. -

16. Date (month and year) last engaged in this work 19 17. Total time (years) spent in this work 1 25. Date (month and year) last engaged in this work 19 26. Total time (years) spent in this work 1

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead - (c) Stillborn -

28. If stillborn, period of gestation 1 months 1 weeks 29. Cause of stillbirth - Before labor - During labor -

Specify any physical deformities of child at birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at A m. on the date above stated. (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) DW Leavitt M.D.

Given name added from _____ a supplemental report _____ (Date of)

or _____ Midwife

Address Spaulding

Filed _____, 19 _____ Registrar.

Registrar.

Registrar.