

Form No. 1

(1) PLACE OF BIRTH

County of ColletonTownship of VerdierInc. Town of Walterboro

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25602

Registration District No. 1109 Registered No. 180
(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 Baby Pruckney If child is not yet named, make supplemental report as directed3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 22, 1922
(Type of Month) (Day) (Year)

FATHER.

8) FULL NAME J. Bernard Pruckney9) PRESENT POSTOFFICE OF FATHER Walterboro, S.C.10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 33
(Years)12) BIRTHPLACE South Carolina13) OCCUPATION Mechanic14) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Smith15) PRESENT POSTOFFICE OF MOTHER Walterboro, S.C.16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 26
(Years)18) BIRTHPLACE South Carolina19) OCCUPATION Housewife20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:15 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Van Loh(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Walterboro, 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 Sept 10 1922 (28) Wm. J. Brack
Local RegistrarWhen 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.