

(1) PLACE OF BIRTH

County of *Columbia*Township of *North*In Town of
or

City of (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 *Paula Pruitt*

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

(3) 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 *Feb 2 23*
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME *Le R Pruitt*
(9) PRESENT POSTOFFICE OF FATHER *Lowell Land S.C.*
(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *42* (Years)
(12) BIRTHPLACE *S.C.*
(13) OCCUPATION *Farmer*
(14) Number of children born to mother, including present birth *10*

MOTHER
(14) NAME BEFORE MARRIAGE *Mary Jane M. Cury*
(15) PRESENT POSTOFFICE OF MOTHER *Lowell Land S.C.*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *41* (Years)
(18) BIRTHPLACE *S.C.*
(19) OCCUPATION *Domestic*
(20) Number of children of this mother now living, including present birth *10*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *above* at *7* M., on the date above stated. (Born *alive or stillborn*) (Hour A. M. or P. M.)(23) (Signature) *E. H. ...*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Ida ... S.C.*

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *Feb 28 23*

(28)

R. P. ...
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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more (sub)