

## (1) PLACE OF BIRTH

County of Spartanburg

Township of .....

Inc. Town of Arkwright  
or .....

City of .....

(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

74814

Registration District No. 2008 Registered No. 644

(For use of Local Registrar)

## (2) Full Name of Child

Pruitt

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

(3) ~~BOY~~ OR  
GIRL?(4) Twin  
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents yes  
Married?(7) DATE OF  
BIRTH August, 19 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEJ. Henry Pruitt(9) PRESENT  
POSTOFFICE  
OF FATHERSpartanburg \*(10) COLOR  
OR  
RACE white(11) AGE AT LAST  
BIRTHDAY 32  
(Years)

(12) BIRTHPLACE

Spartanburg County

(13) OCCUPATION

Cotton mill operative(20) Number of children born to  
mother, including present birth(8) Three

## MOTHER.

(14) NAME BEFORE  
MARRIAGEMary Crowder(15) PRESENT  
POSTOFFICE  
OF MOTHERSpartanburg(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 26  
(Years)

(18) BIRTHPLACE

Spartanburg County

(19) OCCUPATION

Wife(21) Number of children of this mother  
now living, including present birth(3) Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

SpartanburgGiven name added from a supplement  
reportAmended P-1 JUL 25 1978

Registrar

(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Aug 22 1916(28) E. F. Parker

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.