

FORM 10. MARGIN RESERVED FOR BINDING.

WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of .....  
OR  
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? (5) Number in order of birth (6) Are Parents yes Married? (7) DATE OF BIRTH August, 19 6  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME J. Henry Pruitt  
(9) PRESENT POSTOFFICE OF FATHER Spartanburg ✓  
(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 MARRIAGE Mary Crowder  
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg  
(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 1:20 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Boyd  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg

Given name added from a supplemental report  
**Amended P-1 JUL 25 1978**  
....., 191.....  
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.