

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....City of Columbia

(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

19913

Registration District No. 38a Registered No. 111

(For use of Local Registrar)

2) Full Name of Child Caroline Pruece If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Y</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>May 19 1922</u>
				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Clifford Otto Pruece(9) PRESENT POSTOFFICE OF FATHER 2416 Cypress(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE DC(13) OCCUPATION Salesman(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Essie Dean(15) PRESENT POSTOFFICE OF MOTHER 2416 Cypress(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE DC(19) OCCUPATION House(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:09 M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) R. J. Jensen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6-2-22 19122 (28) W. H. Jensen 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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