

MARGIN RESERVED FOR BINDING. WRITE 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.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

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

45125

Registration District No. 166

Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child

James Calvin Pruitt

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 29 1916

FATHER.

(8) FULL NAME

M J Pruitt

(9) PRESENT POSTOFFICE OF FATHER

Due West

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

47

(12) BIRTHPLACE

Abb Co

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Janice Able

(15) PRESENT POSTOFFICE OF MOTHER

Due West

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37

(18) BIRTHPLACE

Abb Co

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 1 A. on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. D. Pruitt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. D.

Due West

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 Jan 10 1916

(28) J. D. Pruitt, Jr. 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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