

FORM NO. 4 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 **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 County of *Abb* Bureau of Vital Statistics
 Township of *Due West* State Board of Health
 or
 Inc. Town of Registration District No. *166* Registered No. *7*
 or
 City of (No. St.; Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
45125

(2) Full Name of Child... *Jesse 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*
(To be answered only in case of twins or triplets) (Name of Month) (Day) (Year)

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* (Years)

(12) BIRTHPLACE *Abb Co*

(13) OCCUPATION *Farmer*

(20) 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* (Years)

(18) BIRTHPLACE *Abb Co*

(19) OCCUPATION *House wife*

(21) 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 alive* at *1 A* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. D. Bee*

(24) State whether Physician or Midwife *M. D.* (25) Address of Physician or Midwife *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. Bee* 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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