

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.

Caw, of Columbia.

## (1) PLACE OF BIRTH

County of Berkley  
Township of 2<sup>nd</sup> St. Johnsor  
Inc. Town ofCity of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. 703 St.; ..... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 7 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Maxley Pilat Pyatt(9) PRESENT POSTOFFICE OF FATHER Valley Dept St(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35  
(Years)(12) BIRTHPLACE Berkley Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Mitchell(15) PRESENT POSTOFFICE OF MOTHER Valley Dept St(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE Berkley Co(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 6 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Nelly F. Nelson

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

Midwife Valley Dept St

Given name added from a supplemental report

Dec 17 1913Martin B Woodward  
Registar(26) Witness Larina Mullins  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 7 1916 (28) Jo Cain  
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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**45446**