

(1) PLACE OF BIRTH

County of Bly
 Township of Ladies Is.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
3219

Inc. Town of Registration District No. 614 Registered No. 32
 (For use of Local Registrar)

City of (No. St.)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child George Prunkus If child is not yet named, make supplemental report as directed

Sex Boy (a) Twin or Triplet? (b) Number in order of birth (c) Age Parents Married? No (d) DATE OF BIRTH Feb 28 (e) (Name of Month) (Day) (Year)

FATHER.

(1) NAME BEFORE MARRIAGE Don't know

(2) PRESENT POSTOFFICE OF MOTHER X

(3) AGE AT LAST BIRTHDAY (Years) X

(4) BIRTHPLACE X

(5) OCCUPATION X

(6) Number of children born to (7) Number of children now living, including present birth one

(10) NAME BEFORE MARRIAGE Elta Prunkus

(11) PRESENT POSTOFFICE OF MOTHER Wreckins 80

(12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY (Years) 17

(14) BIRTHPLACE Ladies Is.

(15) OCCUPATION Farmer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Nazari S. Sheppard
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

When name added from supplemental report.

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

(26) Filed 2/28/20 (27) Local Registrar H. S. Shaw

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.