

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of RichlandInc. Town of RichlandCity of Richland

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1900 Registered No. 46
(For use of Local Registrar)

File No.—For State Registrar Only

25857

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Debra Louise Pratt

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH May 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Richland M., on the date above stated. (Born alive or stillborn) (H. or P. M. or P. M.)(23) (Signature) Dr. J. L. Pratt(24) State whether Physician or Midwife (25) Address of Physician or Midwife Richland, S.C.

Given name added from a supplemental report

(26) Witness Dr. J. L. Pratt

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

(27) Filed May 11, 1922(28) Dr. J. L. Pratt

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.