

## (1) PLACE OF BIRTH

County of *Anderson*Township of *Centerville*or  
Inc. Town of

City of

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

(2) Full Name of Child *Mary Elizabeth Price*

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

(3) BOY OR GIRL

*girl*

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

*yes*

(7) DATE OF BIRTH

*April 12, 1922*  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

*Whitner Price*

(9) PRESENT POSTOFFICE OF FATHER

*Anderson S.C. #2*

(10) COLOR OR RACE

*Negro*

(11) AGE AT LAST BIRTHDAY

*?*  
(Year)

(12) BIRTHPLACE

*Anderson S.C.*

(13) OCCUPATION

*Farm laborer*

## MOTHER

(14) NAME BEFORE MARRIAGE

*Geneva Ewing*

(15) PRESENT POSTOFFICE OF MOTHER

*Anderson S.C. #2*

(16) COLOR OR RACE

*Negro*

(17) AGE AT LAST BIRTHDAY

*20*  
(Years)

(18) BIRTHPLACE

*Anderson S.C.*

(19) OCCUPATION

*Domestic*

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

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*H. D. Pruitt*

(24) State

*Physician*

(25) Address of Physician or Midwife

*Anderson S.C.*

Given name added from a supplemental report

(26) Witness

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

*B. CRAYTON*

(27) Filed

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(28)

*Local Registrar*

Registrar

When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is desired of stillbirth if a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.

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