

(1) PLACE OF BIRTH

County of Greenville
 Township of Glassy
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23897

Registration District No. Hed Registered No. 66

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child

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 4(6) Are Parents Married? yes

(7) DATE OF

BIRTH Mar 30 - 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Will. Pruett

9) PRESENT POSTOFFICE OF FATHER

Campobello #2

10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Dorah. Hansen

(15) PRESENT POSTOFFICE OF MOTHER

Campobello

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

38
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

W. E. Harrison
Phys. Campobello

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6-22 19 22

Local Registrar

A. F. Mayberry

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.

MARGIN RESERVE FOR FOLIO BINDING.
 WHITE PLAINS, 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