

(1) PLACE OF BIRTH

County of Florence
 Township of Bluff
 or
 Inc. Town of
 or
 City of Bluff, S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

34411

Registration District No. 2207 Registered No. 78
 (For use of Local Registrar)

(2) Full Name of Child Prue

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age 26 (7) DATE OF BIRTH 26 12 22
 (Specify Month) (Day) (Year)

FATHER.
 (8) FULL NAME
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE
 (11) AGE AT LAST BIRTHDAY
 (12) BIRTHPLACE
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth

MOTHER.
 (14) NAME BEFORE MARRIAGE Maria Washington
 (15) PRESENT POSTOFFICE OF MOTHER Florence S.C. B#1
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18
 (18) BIRTHPLACE Bluff, S.C.
 (19) OCCUPATION Farm Hand
 (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 alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie James
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 10 19 22 (28) J. R. O. Smith 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.