

(1) PLACE OF BIRTH

County of Union

Township of Boggsville

Inc. Town of Buffalo

City of Union Co.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53964

Registration District No. 4213 Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child. William Franklin Pruitt

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 7, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Pruitt

(9) PRESENT POSTOFFICE OF FATHER Buffalo S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Union Co.

(13) OCCUPATION Iron Mill

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Grace McBeth

(15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Union Co 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 12 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Merrie Green

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Buffalo S.C.

Given name added from a supplemental report

(26) Witness Douglas Pruitt

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

(27) Filed March 1914 (28) Joe L. Woodward 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.

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