

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of City View

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**64551**

Registration District No. 2209 Registered No. 292  
 (For use of Local Registrar)  
 City of City View (No. Henderson St. 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) SEX OR Boy (4) Twin or Triplet? No (5) Number in order of birth 1  
 To be answered only in case of twins or triplets (6) Are Parent Married (7) DATE OF BIRTH 6-1-1916  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Julian Pruitt  
 (9) PRESENT POSTOFFICE OF FATHER Greenville Henderson St  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 47  
 (Year)

(12) BIRTHPLACE S.C.  
 (13) OCCUPATION carpenter

(20) Number of children born to mother, including present birth 11

MOTHER.  
 (14) NAME BEFORE MARRIAGE Sussie Gibbs  
 (15) PRESENT POSTOFFICE OF MOTHER same  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26  
 (Years)

(18) BIRTHPLACE W.C.  
 (19) OCCUPATION House

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 9 40 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John P. Miller  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville

Given name added from a supplemental report

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

(27) Filed June 1, 1916 (28) A. H. Mackey 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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WRITE PLAINLY, 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.  
 McCaw, of Columbia