

## (1) PLACE OF BIRTH

County of Laurens S.C.  
 Township of Hunter  
 or  
 Inc. Town of Laurens S.C.  
 or  
 City of .....

(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

35235

107

Registration District No. 2902Registered No. 108

(For use of Local Registrar)

(No. .... Ward)

(2) Full Name of Child Elizabeth Pratter

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

(3) BOY OR GIRL? girl

(4) Twin or Triplets?

(5) Number in order of birth one(6) Are Parents Married? no(7) DATE OF BIRTH Oct 22 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Washington(9) PRESENT POSTOFFICE OF FATHER Clinton S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 18 (Year)(12) BIRTHPLACE Clinton S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Miner Pratter(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Year)(18) BIRTHPLACE Newberry(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) X(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Banner Pratter Clinton S.C.

Given name added from a supplemental report

(26) Witness X (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 1 1922 (28) J. W. Bailey Sub-Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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 RESERVED FOR BINDING.

WHITE 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.

Bureau of Columbia, Columbia, S. C.