

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeTownship of Waveror  
Inc. Town of.....or  
City of.....(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 Mary Mallie Pruitt 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) Are Parents Married? Yes (7) DATE OF BIRTH Dec 29, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Unknown(9) PRESENT POSTOFFICE OF FATHER Unknown(10) COLOR OR RACE Keya (11) AGE AT LAST BIRTHDAY 15 (Years)(12) BIRTHPLACE Orange(13) OCCUPATION Householder(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Pruitt(15) PRESENT POSTOFFICE OF MOTHER Walhalla(16) COLOR OR RACE Keya (17) AGE AT LAST BIRTHDAY 15 (Years)(18) BIRTHPLACE Orange(19) OCCUPATION Householder(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 alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Mamie Pruitt(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Walhalla

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 4, 1922 (28) 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.