

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

(City of Anderson)

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

(2) Full Name of Child Virginia Pruitt

2734

Registration District No. 34Registered No. 39
(For use of Local Registrar)(No. Manning St.; Ward)

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

(a) SEX OF CHILD <u>girl</u>	(b) Type of Infant <input checked="" type="checkbox"/> To be received only in case of Twin or Triplet	(c) Number in order of birth <input checked="" type="checkbox"/>	(d) Age of mother <u>40</u>	(e) DATE OF BIRTH <u>Jan 12 1923</u> (Month of Month) (Day) (Year)
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FATHER.

(1) NAME Lighter Y. Pruitt

(2) RESIDENT ADDRESS OF FATHER Anderson S.C.

(3) COLOR N (11) AGE AT LAST BIRTHDAY 30
(Year)

(4) BIRTHPLACE Anderson Co. S.C.

(5) OCCUPATION merchant

(6) Number of children born to mother, including present one 14

MOTHER.

(10) NAME BEFORE MARRIAGE Meta Hardin

(11) RESIDENT ADDRESS OF MOTHER Anderson S.C.

(12) COLOR N (13) AGE AT LAST BIRTHDAY 26
(Year)

(14) BIRTHPLACE Lowndesville S.C.

(15) OCCUPATION House wife

(16) Number of children of this mother and father, including present one 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(29) (Signature) Olga V. Pruitt

(30) Address of Physician or Midwife Anderson S.C.

Given name added after birth

When these were filed

FILED