

(1) PLACE OF BIRTH

County of SpartanburgTownship of Barrett

or

Inc. Town of

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

23942

Registration District No. 4006 Registered No. 87
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Falger Victor Pruitt If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth 3(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Mar 27 1922
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

Cligah Pruitt

(14) NAME BEFORE MARRIAGE

Sattie Heath

(9) PRESENT POSTOFFICE OF FATHER

Frank Se

(15) PRESENT POSTOFFICE OF MOTHER

Frank Se

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27
(Years)

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Greenville Co. SC

(18) BIRTHPLACE

Greenville Co. SC

(13) OCCUPATION

mill work

(19) OCCUPATION

Domestic

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

3

(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 at 230 P M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

8/1

19

22

(28)

M. H. Brum

(29)

Local Registrar.

(30)

Local Registrar.

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Local Registrar.

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Local Registrar.

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Local Registrar.

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Local Registrar.

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Local Registrar.

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Local Registrar.

(40)

Local Registrar.

(41)

Local Registrar.

(42)

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.