

5402

Registration District No. _____

Registered No.
(For use of Local Registrar)

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 Valerie Pruitt If child is not yet named, make announcement report as directed

(1) BOY OR GIRL <i>girl</i>	(4) Turk or Tridder <i>To be answered only in event of Turk or Tridder</i>	(5) Member in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Feb 4, 1923</i> (Name of Month) (Day) (Year)
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FATHER

(b) FULL NAME John Wesley Pruitt

PRESENTLY
POST OFFICE
OF FATHER

(10) COLOR OR RACE	white	(11) AGE AT LAST BIRTHDAY	27
		(Year)	

15 BIRTHPLACE
Spartanburg County

(18) OCCUPATION
Textile

20) Number of children born to mother, including current birth 2

MOTHER.

(14) ~~PAGE BEFORE~~
~~MARRIAGE~~ Dollie Massey

(18) PRESENT POST OFFICE OF BROTHER Buffalo N.Y.

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *24* (18) (19)

(16) **BIRTHPLACE**
North Carolina

(1b) OCCUPATION Homemaker

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was very alive at 7:31 M.
on the date above stated. (Dead alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature)

(24) State whether husband or wife

(25) Address of Physician or Dentist

(Given name added from a supplemental report)

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

(27) Filed 1/22/10 10

(20) *[Signature]*

*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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