

(1) PLACE OF BIRTH

County of Edgefield
 Township of Johnston
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

4037

Registration District No. 1814 Registered No. 9
 (For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>2 5 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Robert Pruitt</u>			14) NAME BEFORE MARRIAGE <u>Mabel Lowe</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Johnston</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Johnston</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	16) COLOR OR RACE <u>White</u>		
12) BIRTHPLACE <u>Johnston</u>		17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
13) OCCUPATION <u>Farming</u>			18) BIRTHPLACE <u>Darlington</u>	
19) OCCUPATION <u>Housewife</u>			20) BIRTHPLACE	
21) Number of children born to mother, including present birth <u>1 3</u>			22) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4 0 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. D. D. McDaniel

(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 Mar 9 1922 (28) L. J. Marshall
 Registrar 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.

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SEALING INSTRUCTIONS FOR BIRTHING. WHEN IN A PRESENTING POSITION, AND MARK THE VULVA WITH AN INK—THIS IS A PRESENTING POSITION. WHEN IN A PRESENTING POSITION, AND MARK THE VULVA WITH AN INK—THIS IS A PRESENTING POSITION. WHEN IN A PRESENTING POSITION, AND MARK THE VULVA WITH AN INK—THIS IS A PRESENTING POSITION.