

(1) PLACE OF BIRTH

County of Myrtle
 Township of Myrtle
 or Town of Bechar
 or City of

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

File No.—For State Registrar Only

19418

Registration District No. 4-245 Registered No. 2-8
 (For use of Local Registrar)

(2) Full Name of Child John C. Presley (No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (If child is not yet named, make supplemental report as directed)

(3) SEX OR GENDER Boy (4) Twin or Triplet No (5) Number in order of birth 4 (6) Are Parents Married Yes (7) DATE OF BIRTH June 7, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dallas Presley
 (9) PRESENT POSTOFFICE OF FATHER Lockhart SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Year)
 (12) BIRTHPLACE Madison NC
 (13) OCCUPATION Letter Mill Work

MOTHER.

(14) NAME BEFORE MARRIAGE Walter Collins
 (15) PRESENT POSTOFFICE OF MOTHER Lockhart SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year)
 (18) BIRTHPLACE Madison NC
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

(20) Number of children born to mother, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 A. M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Charles Presley M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lockhart SC

(Given name added from a supplemental report)

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

(27) Filed July 9, 1923 (28) W. L. Gallman 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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