

(1) PLACE OF BIRTH

County of York
Township of Sumner
or
Inc. Town of Belcher
or
City of

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

No. for State Registrar Only
10418

Registration District No. 4-2A5 Registered No. 28
(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) BOY OR GIRL 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)
To be answered only in event of Twin or Triplet

FATHER.
(8) FULL NAME Dallas Presley
(9) PRESENT POSTOFFICE OF FATHER Lockhart S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Year)
(12) BIRTHPLACE Madison N.C.
(13) OCCUPATION Letter Mill Wood
(14) Number of children born to mother, including present birth 4

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(22) (Signature) Dallas Presley M.D.
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Lockhart S.C.

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed July 9, 1923 (27) H. 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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