

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS, USE SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 4.

McGraw-Hill, Columbia, S. C.

## (1) PLACE OF BIRTH

County of allendale  
 Township of Sycamore  
 or  
 Inc. Town of .....  
 City of .....

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

Registration District No. 4608

File No.—For State Registrar Only

**2929**

Registered No. ....  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edmer Prester

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

(3) ~~SON~~  
 GIRL?

(4) Twin  
 or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in  
 order of birth

(6) Are  
 Parents  
 Married? yes

(7) DATE OF

BIRTH Feb 23, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
 NAME

Wm Brant

(9) PRESENT  
 POSTOFFICE  
 OF FATHER

Fairfax

(10) COLOR  
 OR  
 RACE

Black

(11) AGE AT LAST  
 BIRTHDAY 32  
 (Years)

(12) BIRTHPLACE

Bennivell co

(13) OCCUPATION

Farming

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

2

## MOTHER.

(14) NAME BEFORE  
 MARRIAGE

Winnie Prester

(15) PRESENT  
 POSTOFFICE  
 OF MOTHER

Edmer

(16) COLOR  
 OR  
 RACE

Black

(17) AGE AT LAST  
 BIRTHDAY 30  
 (Years)

(18) BIRTHPLACE

Bennivell co

(19) OCCUPATION

Farm hand

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at 9 P.M.,  
 on the date above stated. (Born alive or stillborn). (Hour, M. or P. M.)

(23) (Signature)

Edmer Prester

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Edmer

Given name added from a supplement-  
 tal report

(26) Witness

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

19  
 Registrar

(27) Filed Feb 28, 1922 (28) J. C. Mayan

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.