

(1) PLACE OF BIRTH

County of allendale
 Township of Sycamore
 or
 Inc. Town of

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

File No.—For State Registrar Only

2929

Registration District No. 4608 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 Edmer Prester

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

(3) ~~SON~~ GIRL? (4) Twin or Triplet? (5) Number in order of Birth (6) Are Parents Married? no (7) DATE OF BIRTH Feb 23 1922
 To be answered only in event of Twins or Triplets (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 at M., on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)

(23) (Signature) Elyzer Prester
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Edmer

Given name added from a supplemental 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. Mayer
 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.

WHITES MAINLY WITH USPARING INK—TWIN IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS, MAKE SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 4.
 McGraw-Hill, Columbia, S. C.