

(1) PLACE OF BIRTH

County of Winchester
 Township of King
 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

32610

Registration District No. H3D2 Registered No. 67
 (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 John Pressley 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 18, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Pressley
 (9) PRESENT POSTOFFICE OF FATHER Kingston
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31
 (Years) (12) BIRTHPLACE Winchester
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Margaret McBlay
 (15) PRESENT POSTOFFICE OF MOTHER Kingston
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
 (Years) (18) BIRTHPLACE Winchester
 (19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Verdine Shaw
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingston

Given name added from a supplemental report

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

(27) Filed Sept. 30, 1922 (28) R. B. Jackson
 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.