

(1) PLACE OF BIRTH

County of Winthrop
 Township of Moulton
 OF
 Inc. Town of _____
 OF
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

9458

Registration District No. 4306Registered No. 12
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. _____ St. _____ Ward _____)

(2) Full Name of Child Elisha Presley

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

(3) BOY OR GIRL Boy (4) Twin or Triplet _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH March 9, 1922
 (Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME Robert Presley(9) PRESENT POSTOFFICE OF FATHER Kington S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE Winthrop Co S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

MOTHER:

(14) NAME BEFORE MARRIAGE Lusan Ann Presley(15) PRESENT POSTOFFICE OF MOTHER Kington S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE Williamsburg Co S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Dolly Moulton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Kington S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed April 1, 1922

(28)

J. J. Grison

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.