

(1) PLACE OF BIRTH

County of Columbia
 Township of Hall
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33051

Registration District No. 506 Registered No. 99
 (For use of Local Registrar)

(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 Presley Archibald McElister (child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>GIRL</u>	4) Twin or Triplet? To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Sept 17, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
9) FULL NAME <u>F. L. Had McElister</u>			14) NAME BEFORE MARRIAGE <u>Ara Bain</u>	
10) PRESENT POSTOFFICE OF FATHER <u>Starr S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Starr S.C.</u>	
11) COLOR OR RACE <u>W</u>	12) AGE AT LAST BIRTHDAY <u>38</u> (Years)	16) COLOR OR RACE <u>W</u>	17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
13) BIRTHPLACE <u>Columbia S.C.</u>			18) BIRTHPLACE <u>Columbia S.C.</u>	
19) OCCUPATION <u>farmer</u>			20) OCCUPATION <u>housewife</u>	
21) Number of children born to mother, including present birth <u>1</u>			22) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 6:30 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. D. McElister

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Columbia 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 Oct 16, 1922 at St. M. McElister
 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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