

(1) PLACE OF BIRTH  
County of Greenville  
Township of Sundlin

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

File No.—For State Registrar Only  
**85780**

or  
Inc. Town of ..... Registration District No. 2205 Registered No. 95  
(For use of Local Registrar)  
or  
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 Thomas Franklin Presley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 16, 1916  
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Thomas Franklin Presley  
(9) PRESENT POSTOFFICE OF FATHER Princeton, S.C. R1.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)  
(12) BIRTHPLACE Grille Co. S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 7

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Jamie Lou Thompson  
(15) PRESENT POSTOFFICE OF MOTHER Princeton, S.C. R1  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)  
(18) BIRTHPLACE Grille Co. S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 2: A M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. Rhught  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Honea Park, S.C. R#7

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Nov 18 1916 (27) Filed Nov 18 1916 (28) O. S. Harris 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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Form No. 10. MADE IN BRITAIN  
WHILE FILLING, WITH ENVELOPING INK—THIS IS A PERMANENT RECORD.  
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
Chaw. of Columbia.