

(1) PLACE OF BIRTH

County of MarshallTownship of Beauford

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19093

Registration District No. 2700 Registered No. 85

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

3. BOY OR GIRL? Girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 13 1909 (Name of Month) (Day) (Year)

FATHER

8. FULL NAME Presley Whitley9. PRESENT POSTOFFICE OF FATHER Marshall Co SC10. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)12. BIRTHPLACE Marshall Co SC13. OCCUPATION Farmer14. Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Eva Wright(15) PRESENT POSTOFFICE OF MOTHER Marshall Co SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Marshall Co SC(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 3-2 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. J. Gray(24) State whether Physician or Midwife (25) Address of Physician or Midwife Marshall Co SC

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed 1909 (28) R. J. Gray 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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