

(1) PLACE OF BIRTH
 County of W. Adams
 Township of
 or
 Inc. Town of
 or
 City of (No. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
47906

Registration District No. 3A Registered No. 40
 (For use of Local Registrar)

(2) Full Name of Child. Alice Ruth } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Y (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 12, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joe Ernest Presh
 (9) PRESENT POSTOFFICE OF FATHER 37th St. Anderson SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Clark Co. Ala.
 (13) OCCUPATION Wh. Mill Oper
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Willie Alice Knight
 (15) PRESENT POSTOFFICE OF MOTHER same as
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Clark Co Ala.
 (19) OCCUPATION domestic
 (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 born at Anderson M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) W. V. Thompson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 _____ 191..... (28) W. V. Thompson 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.

Registrar I LOCAL REGISTRAR

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FORM NO. 2. MAINTAIN SEPARATE FIVE MINUTE. WITH UNFOLDING TAB—THIS IS A PERMANENT RECORD. FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 8. W. E. McCay, of Columbia