

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Edgefield STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 Township of Hollins State Board of Health

No. for this registration
28155

Inc. Town of

Registration District No. 180

Registered No. 28
 (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 Ennis Prescott (If child is not yet named, make supplemental report as required)

(3) SEX OR GENDER Boy (4) Type or Frigate (5) Number in order of birth (6) Age 0 (7) DATE OF BIRTH Sept 23 1923
 To be entered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER. MOTHER.
 (8) FULL NAME John Prescott (9) NAME BEFORE MARRIAGE Elizabeth Rooney
 (10) PRESENT RESIDENCE OF FATHER Aiken SC (10) PRESENT RESIDENCE OF MOTHER Aiken SC
 (11) COLOR White (11) AGE AT LAST BIRTHDAY 28 (11) COLOR White (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Edgefield Co SC (12) BIRTHPLACE Edgefield Co SC
 (13) OCCUPATION Farmer (13) OCCUPATION Housewife
 (14) Number of children born to mother, including present birth Three (14) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Day A. M. or P. M.)

(26) (Signature) Elizabeth Rooney, Midwife (26) State whether Physician or Midwife Midwife
 (27) Address of Physician or Midwife Madison SC

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(29) Sept 25 1923 (30) Attest
 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.