

Form No. 1

(1) PLACE OF BIRTH

County of Cherokee

Township of

or

Inc. Town of

or

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

Registration District No. 105

File No.—For State Registrar Only

5597

Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Plummer Presley

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? No

To be answered only in event of Twin or Triplet

(5) Number in order of birth 1st(6) Are Parents Married? No(7) DATE OF BIRTH March 10, 1903

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Ann Marie Presley(15) PRESENT POSTOFFICE OF MOTHER Hamlet(16) COLOR OR RACE Caucasian(17) AGE AT LAST BIRTHDAY 33

(Years)

(18) BIRTHPLACE Indian River(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife [Address]

name added from a supplemental report

(26) Witness

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

(27) Filed

1903

(28)

Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.