

1) PLACE OF BIRTH

County of Pike
 Township of Central
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2255

Registration District No. 3240 Registered No. 4
 (For use of Local Registrar)

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

(2) Full Name of Child Stella Pearl Presley if child is not yet named, make supplemental report as directed

1) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1
 To be answered only in event of Twins or Triplets

6) Are Parents Married? Yes 7) DATE OF BIRTH Jan 8 1922
 (Name of Month) (Day) (Year)

FATHER.

1) FULL NAME William G. Presley

2) PRESENT POSTOFFICE OF FATHER Central S.C.

3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

12) BIRTHPLACE S.C.

13) OCCUPATION Farmer

14) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Sadie Evans

15) PRESENT POSTOFFICE OF MOTHER Central S.C.

16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

18) BIRTHPLACE S.C.

19) OCCUPATION Housekeeper

21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) J. H. Beaudin (25) Address of Physician or Midwife Central S.C.

Given name added from a supplemental report

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

(27) File Jan 9 1922 J. H. Beaudin 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.

WHITES PLAINLY WITH UNFADING INK—THIS IS AN IMPORTANT RECORD
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5
 Registrar General, Columbia, S. C.