

MACAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville
 Township of 1st
 or
 Inc. Town of Andersonville
 or
 City of Greenville

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

File No.—For State Registrar Only
18847

Registration District No. 27090 Registered No. 199
 (For use of Local Registrar)

(No. 2 4 7 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 Carlos Aron Presnell If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>3</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>May 29, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Adrian Douglas Presnell</u>			14) NAME BEFORE MARRIAGE <u>Doyle Wallace</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Sono</u>	
10) COLOR OR RACE <u>W.</u>	11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	16) COLOR OR RACE <u>W.</u>	17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
12) BIRTHPLACE <u>NC.</u>			18) BIRTHPLACE <u>GA.</u>	
13) OCCUPATION <u>Textile worker</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>3</u>			21) Number of children of this mother new living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. Chris at 11:30 A.M. or P.M.
 on the date above stated. (Born alive or stillborn) (Hour)

(23) (Signature) C. J. Evans M.D.
 (24) State whether Physician or midwife

(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed June 1, 1922 (28) 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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