

FORM NO. 1.

(1) PLACE OF BIRTH

County of Windsor

Township of Johnson

Inc. Town of

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

File No.—For State Registrar Only

44960

Registration District No. 4304 Registered No. 172

(For use of Local Registrar)

(2) Full Name of Child Mary James Pressley

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

(1) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 21 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

David G Pressley

(9) PRESENT POSTOFFICE OF FATHER

Hemmingway

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Cooper

(15) PRESENT POSTOFFICE OF MOTHER

Hemmingway

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farming

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Beck Cooper

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Hemmingway

Given name added from a supplemental report

(26) Witness

Larry Pressley

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

(27) Filed Jan. 2, 1914

(28) L. R. Red 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADE INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia