(1) PLACE OF BIRTH

County of Spartanburg

Township of Pacolet

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

20216

Registration District No. 4026 Registered No. 28

(For use of Local Registrar)

(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 Sidney Lloyd Presley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			Yes	6-17-1922

FATHER

(8) FULL NAME John T. Presley

(9) PRESENT POSTOFFICE OF FATHER Trough, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Millwork

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Womack

(15) PRESENT POSTOFFICE OF MOTHER Trough S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housework

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8.9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) N. L. Rucker

(24) State whether Physician or Midwife M. D.

(25) Address of Physician or Midwife Pacolet, S.C.

Given name added from a supplemental report .....

..... 19 .... Registrar

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

(27) Filed July 1. 1922 (28) M. W. Brown 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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BEGIN McCAW OF COLUMBIA, COLUMBIA, S. C.
Form No. 6.
N. B.—In case of twins or triplets use a separate blank for each child, and mark the
WRITE PLAINLY, WITH INDELIBLE INK. A PENCIL MAY BE USED
PRINT-BURN, No. 1 THIS OPERATION
REGISTRATION REQUIRED FOR DEPENDENT,