

(1) PLACE OF BIRTH

County of Anderson
 Township of Anderson
 Inc. Town of Anderson
 City of Anderson

CERTIFICATE OF BIRTH

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

31004

Registration District No. 313Registered No. 47
(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 Wm. Richard Presley

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

(a) SEX OF CHILD S (b) TIME OF BIRTH 3 (c) DAY OF BIRTH 4 (d) MONTH OF BIRTH 4 (e) YEAR OF BIRTH 1908

FATHER

(1) NAME James Franklin Presley(2) RESIDENCE Anderson S.O. Jacksonville(3) COLOR W. (4) AGE 42(5) OCCUPATION And co.(6) DESCRIPTION mil of.(7) NUMBER OF CHILDREN 4(8) NUMBER OF CHILDREN OF THE FATHER 4

MOTHER

(1) NAME Rosa Pittendon(2) RESIDENCE And S.O. Jacksonville(3) COLOR W. (4) AGE 36(5) OCCUPATION Elbert Co. ga.(6) DESCRIPTION it wife(7) NUMBER OF CHILDREN 7(8) NUMBER OF CHILDREN OF THE MOTHER 7(9) I hereby certify that I attended the birth of this child, who was 69 on the date above stated.(10) (Signature) Dr. J. A. Smith (11) Date whether Physician or Midwife

(12) Address of Physician or Midwife

(13) (Signature) Dr. J. A. Smith(14) (Signature) Dr. J. A. Smith(15) (Signature) Dr. J. A. Smith(16) (Signature) Dr. J. A. Smith(17) (Signature) Dr. J. A. Smith(18) (Signature) Dr. J. A. Smith(19) (Signature) Dr. J. A. Smith

MARGIN RESERVED FOR INDEXING.

NOTE: FAMILIES WITH UNPAID TAXES ARE A PERMANENT BURDEN.
 2. FILL OUT ALL OF THESE OR THE FILLING IN A SEPARATE BLANK FOR EACH CHILD.
 3. FILL IN THE DATE OF BIRTH IN THE SPACE PROVIDED.

(20) (Signature) Dr. J. A. Smith(21) (Signature) Dr. J. A. Smith(22) (Signature) Dr. J. A. Smith(23) (Signature) Dr. J. A. Smith(24) (Signature) Dr. J. A. Smith(25) (Signature) Dr. J. A. Smith(26) (Signature) Dr. J. A. Smith