

## (1) PLACE OF BIRTH

County of ClarendonTownship of Manningor  
Inc. Town of .....or  
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

76445

Registration District No. 1207 Registered No. 69

(For use of Local Registrar)

(2) Full Name of Child Virginia Pressley { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>Trin</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 22, 1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. Pressley(9) PRESENT POSTOFFICE OF FATHER Manning, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Clarendon Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { One }

## MOTHER.

(14) NAME BEFORE MARRIAGE Flossie Parson(15) PRESENT POSTOFFICE OF MOTHER Manning, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Clarendon Co. S.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth { One }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Flossie Parson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeManning

Given name added from a supplemental report

(26) Witness W. S. Todd

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

(27) Filed Sept. 22, 1916 (28) W. S. Todd

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.

WRITE PLAINLY, WITH UNFADING 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.