

(1) PLACE OF BIRTH
 County of Horry **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Township of Estill
 or
 Inc. Town of Registration District No. 2400 Registered No. 13
 or
 City of Estill S.C. (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
 64713

(2) Full Name of Child John W. Pristill If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of twins or triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>6-28-1916</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>John Pristill</u>	(14) NAME BEFORE MARRIAGE <u>Carrie Hall</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Estill S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Estill S.C.</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Estill S.C.</u>	(18) BIRTHPLACE <u>Columbia S.C.</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House Wife</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John W. Pristill

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Estill 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 6-29-1916 (28) H. B. Keenan 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.

NEARLY PRESERVED THE BINDING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.