

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of Green S.S.

(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

42556

Registration District No. 32 ARegistered No. 663

(For use of Local Registrar)

(2) Full Name of Child

Robert William Pressley (If child is not yet named, make supplemental report as directed)(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married?(7) DATE OF
BIRTH Nov 26 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)