

Form No. 1.

(1) PLACE OF BIRTH

County of FranklinTownship of Brunson

Inc. Town of

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

49444

Registration District No. 2402Registered No. 35

(For use of Local Registrar)

(2) Full Name of Child Rena Gladys Prester

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

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEWillie Prester(9) PRESENT
POSTOFFICE
OF FATHERBrunson(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY48
(Years)

(12) BIRTHPLACE

Wilson Prester

(13) OCCUPATION

Farming(20) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEBessie Prester(15) PRESENT
POSTOFFICE
OF MOTHERBrunson(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY28
(Years)

(18) BIRTHPLACE

Wilson Prester

(19) OCCUPATION

Farming(20) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 20..... at 6:00..... M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. L. M. M. M.

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

Given name added from a supplement

191619161916191619161916191619161916

(26) Witness

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

(27) Filed

1916

(28)

1916

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 FULLY, 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.

McLay, of Columbia.