

MARGIN RESERVED FOR ENDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN BIRTH CASES 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 8.

(1) PLACE OF BIRTH County of <u>Atterville</u> Township of <u>Cohar. George</u> Inc. Town of ..... City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>3</u>		No. <u>81334</u> —For State Register Only Registered No. <u>20</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Jessie Clark Pressley</u> (If child is not yet named, make supplemental report as directed)					
(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age from Birth <u>year</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Jan 22 1923</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Charles Pressley</u>			(14) NAME BEFORE MARRIAGE <u>Margaret McIn</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Atterville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Atterville S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>33</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u>			(18) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Atterville S.C.</u>			(19) BIRTHPLACE <u>Atterville S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(20) OCCUPATION <u>Housewife</u>		
(21) Number of children born to mother, including present birth <u>2</u>			(22) Number of children of this mother now living, including present birth <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b> (23) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>Atterville S.C.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (24) (Signature) <u>J. C. Pressley</u> (25) State whether Physician or Midwife <u>Physician</u> (26) Address of Physician or Midwife <u>Atterville S.C.</u>					
Given name added from a supplemental report ..... ..... ..... 19 ..... Registrar			(27) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (28) Filed <u>Jan 24 1923</u> (29) <u>Atterville S.C.</u> 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.