

U. S. Dept. of Commerce  
Bureau of the Census

16 092945

1. PLACE OF BIRTH

County of Allendale  
Township of Allendale  
or  
Inc. Town of .....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

Registration District No. 460 R

FILE No.—For State Registrar Only

00064

Registered No. ....  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Wilbur Priester { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births { 4. Twins, triplets or other..... 6. Premature..... 7. Are Parents Married? Yes 8. Date of birth March 15, 1916  
5. Number, in order of birth..... Full term X (Month, day, year)

9. Full name FATHER Meminger Priester 18. Name before marriage MOTHER Rivannah Gadsden

10. Residence (mailing address) Allendale, S.C. 19. Residence (mailing address) Allendale, S.C.  
(If non-resident, give place and State) Colored (If non-resident, give place and State)

11. Color or race..... 12. Age at child's birth 23 (years) 20. Color or race Col. 21. Age at child's birth 20 (years)

13. Birthplace (city or place) Allendale Co., S.C. 22. Birthplace (city or place) Allendale Co., S.C.  
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. .... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....

16. Date (month and year) last engaged in this work ..... 17. Total time (years) spent in this work ..... 25. Date (month and year) last engaged in this work ..... 26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living..... 3 (b) Born alive but now dead..... 1 (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 10:00 P.m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report..... (Date of) .....

(Signed)....., Parent or Glady's Jones....., Guardian

Address H. 3, Aiken, S.C.

Filed May 8, 1916 L. A. Risor, M. D. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

m. 6 3-3-17