

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.)

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

1. PLACE OF BIRTH

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4602

FILE No.—For State Registrar Only

00064

Registered No.

(For use of Local Registrar)

(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 Willbur 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 (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)

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 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)

Registrar.

(Signed)....., Parent

or....., Guardian

Address..... H. 3, Aiken, S.C.

Filed May 8, 1916 L. A. Risser, M. D.

Registrar.

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