

(1) PLACE OF BIRTH

County of Peebles

Township of

or
Inc. Town ofor
City of Lasly SC

(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 HealthRegistration District No. 3702 Registered No. 68
(For use of Local Registrar)

File No.—For State Registrar Only

31814

(2) Full Name of Child

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 8, 1922
If child is not yet named, make supplemental report as directed

FATHER.

(8) FULL NAME William Edward Cress(9) PRESENT POSTOFFICE OF FATHER Lasly SC Route #1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE Lasly SC(13) OCCUPATION Carpenter & Joiner(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Pearl Cress(15) PRESENT POSTOFFICE OF MOTHER Lasly SC Route #1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Year)(18) BIRTHPLACE Lasly S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alan at 3:10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. Cress(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lasly SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed or marked)

(27) Filed Oct 7, 1922 (28) W. E. Cress 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.