

WRITE PLAINLY, 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 4.

(1) PLACE OF BIRTH  
County of Charlotte

Township of .....

OF  
Inc. Town of Jefferson

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  
**3436**

Registration District No. 1244 Registered No. 109  
(For use of Local Registrar)

(2) Full Name of Child Presley (If child is not yet named, make supplemental report as directed)

3. <u>Girl</u> SEX OF CHILD	4. <u>Twins or Triplets</u> To be answered only in case of Twins or Triplets	5. <u>1</u> Number in order of birth	6. <u>Yes</u> Are Parents Married?	7. <u>Jan 11 1923</u> DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. <u>Robert Presley</u> FULL NAME OF FATHER			10. <u>Mellie Holly</u> NAME BEFORE MARRIAGE OF MOTHER	
9. <u>Jefferson SC</u> PRESENT POSTOFFICE OF FATHER			11. <u>Jefferson SC</u> PRESENT POSTOFFICE OF MOTHER	
12. <u>White</u> COLOR OR RACE	13. <u>34</u> AGE AT LAST BIRTHDAY (Year)	14. <u>White</u> COLOR OR RACE	15. <u>29</u> AGE AT LAST BIRTHDAY (Year)	
16. <u>N.C.</u> BIRTHPLACE		17. <u>SC</u> BIRTHPLACE		
18. <u>Blacksmith</u> OCCUPATION		19. <u>Housewife</u> OCCUPATION		
20. <u>2</u> Number of children born to mother, including present birth			21. <u>2</u> Number of children of this mother now living, including present birth	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joseph S. Chesser  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed 3 16 1923 (28) D. C. Bradshaw 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.

\*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.