

MARGIN RESERVED FOR BINDING.
 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 OTHERS, No. 2, etc., in question 5.
 McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Sumter</i>		STATE OF SOUTH CAROLINA.		87617	
Township of <i>Privateer</i>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <i>4104</i>		Registered No. <i>134</i>	
or				(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. <i>David Hasty</i> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Nov. 26, 1916</i>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Preston Hasty</i>			(14) NAME BEFORE MARRIAGE <i>Orrin Pierson</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Findal S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Findal S.C.</i>		
(10) COLOR OR RACE <i>Negro</i>			(17) AGE AT LAST BIRTHDAY <i>39</i>		
(12) BIRTHPLACE <i>Sumter Co. S.C.</i>			(18) BIRTHPLACE <i>Sumter Co. S.C.</i>		
(13) OCCUPATION <i>Farming</i>			(19) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>11</i>			(21) Number of children of this mother now living, including present birth <i>10</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>12 P.</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Jamies Pierson</i>					
(24) State whether Physician or Midwife <i>Midwife</i> (25) Address of Physician or Midwife <i>Findal S.C.</i>					
Given name added from a supplemental report			(26) Witness <i>A. B. Roth</i>		
....., 191.....			Signature of Witness necessary only when question 23 is signed by mark		
Registrar			(27) Filed <i>Dec 2 1916</i> (28) <i>W. B. Roth</i> 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.