

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  
 McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

**(1) PLACE OF BIRTH**  
 County of Sumter  
 Township of Privateer  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (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  
**87617**

Registration District No. 4104 Registered No. 134  
 (For use of Local Registrar)

**(2) Full Name of Child.** David Hasty } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 26</u> 19 <u>16</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Preston Hasty</u>	(14) NAME BEFORE MARRIAGE <u>Orrend Pierson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Findal S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Findal S.C.</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)	
(12) BIRTHPLACE <u>Sumter Co. S.C.</u>	(18) BIRTHPLACE <u>Sumter Co. S.C.</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth ..... <u>11</u> .....	(21) Number of children of this mother now living, including present birth ..... <u>10</u> .....			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was born alive at 12 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) James Pierson  
 (24) State whether Physician or Midwife Midwife (25) Rank of Physician or Midwife Findal S.C.

Given name added from a supplemental report ..... 191.....  
 Registrar  
 (26) Witness A. B. Roth  
 Signature of Witness necessary only when question 23 is signed by mark  
 (27) Filed Dec 2 1916 (28) Alas B. Roth 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.