

(1) PLACE OF BIRTH  
County of Kitchland  
Township of .....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**31891**

Inc. Town of ..... Registration District No. 3rd Registered No. 1076  
(For use of Local Registrar)  
City of Columbia (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 Bernie Preley 2 ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. the 4 20  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Bernie Preley  
(9) PRESENT POSTOFFICE OF FATHER Columbia SC  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 19 (Years)  
(12) BIRTHPLACE Parthazy SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { ..... }

MOTHER  
(14) NAME BEFORE MARRIAGE Modell Spence  
(15) PRESENT POSTOFFICE OF MOTHER Columbia SC  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE Armon SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother new 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 at 9 05 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary L. Thompson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife 1224 Henderson St

Given name added from a supplemental report

Columbia 1911  
Registrar

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

(27) Filed 9/24/1911 (28) .....  
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.

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MARGIN RESERVED FOR HUNDREDS OF YEARS  
IN THE RECORD  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.