

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 No. 1.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, as FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 New, of Columbia.

McCaw, of Columbia.

<p>(1) PLACE OF BIRTH County of <u>Hampden</u> Township of <u>Pekola</u> or Inc. Town of <u>Namsville</u> or City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<h2 style="margin: 0;">CERTIFICATE OF BIRTH</h2> <p style="margin: 0;">STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health</p>		<p>File No. — For State Registrar Only 49442</p>	
		<p>Registration District No. <u>2407</u></p>		<p>Registered No. <u>37</u> (For use of Local Registrar)</p>	
<p>(2) Full Name of Child <u>William H. Preaster</u> { If child is not yet named, make supplemental report as directed</p>					
<p>(3) BOY OR GIRL? <u>Boy</u></p>		<p>(4) Twin or Triplet? <u>/</u></p>		<p>(5) Number in order of birth <u>10</u></p>	
<p>(6) Are Parents Married? <u>yes</u></p>		<p>(7) DATE OF BIRTH <u>Feb 15</u> (Name of Month) (Day) (Year)</p>		<p>(8) FATHER's NAME <u>Moses J. Preaster</u></p>	
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Namville R.F.D.</u></p>		<p>(10) COLOR OR RACE <u>Colored</u></p>		<p>(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)</p>	
<p>(12) BIRTHPLACE <u>Bamber, Barnell Co., S.C.</u></p>		<p>(13) OCCUPATION <u>Lanner</u></p>		<p>(14) MOTHER's NAME BEFORE MARRIAGE <u>Marion Campbell</u></p>	
<p>(15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH <u>ten</u></p>		<p>(16) PRESENT POSTOFFICE OF MOTHER <u>Namville R.F.D.</u></p>		<p>(17) COLOR OR RACE <u>Colored</u></p>	
<p>(18) BIRTHPLACE <u>on Cotton Place out from Namville</u></p>		<p>(19) AGE AT LAST BIRTHDAY <u>34</u> (Years)</p>		<p>(20) OCCUPATION <u>Lanner</u></p>	
<p>(21) STATE WHETHER PHYSICIAN OR MIDWIFE? <u>Midwife</u></p>		<p>(22) ADDRESS OF PHYSICIAN OR MIDWIFE <u>namville</u></p>		<p>(23) SIGNATURE OF PHYSICIAN OR MIDWIFE <u>Mary G. ...</u></p>	
<p>(24) I hereby certify that I attended the birth of this child, who was born alive, at _____ on the date above stated.</p>		<p>(25) WITNESS <u>[Signature]</u></p>		<p>(26) FILED <u>2/21/1911</u></p>	
<p>Given name added from a supplemental report</p>		<p>(27) REGISTRAR <u>[Signature]</u></p>		<p>(28) LOCAL REGISTRAR <u>[Signature]</u></p>	

*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.