

(1) PLACE OF BIRTH

County of HamptonTownship of PeoplesOR
Inc. Town ofOR
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

18980

Registration District No. 7402 Registered No. 69
(For use of Local Registrar)(2) Full Name of Child Henry Preaster

(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 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 26 1925
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Preaster(9) PRESENT POSTOFFICE OF FATHER Brunson(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY X (Years)(12) BIRTHPLACE Hampton Co. S.C.(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Mattie Preaster(15) PRESENT POSTOFFICE OF MOTHER Brunson(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY X (Years)(18) BIRTHPLACE H. Co. S.C.(19) OCCUPATION House work

(21) 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 Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Johnson, midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Brunson S.C.

Given name added from a supplemental report

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

(27) Files June 7 1925 (28) Dr. Rogers 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.