

(1) PLACE OF BIRTH **Casper**
 County of **Anderson**
 Township of **what else**
 or
 Inc. Town of Registration District No. **2600** Registered No. **66**
 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

90417

(2) Full Name of Child **Joseph Preston** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL **Boy** (4) Twin or Triplet? **No** (5) Number in order of birth **1** (6) Are Parents Married? **No** (7) DATE OF BIRTH **Dec 3** 191**6**
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **William Preston**
 (9) PRESENT POSTOFFICE OF FATHER **Ridgeland**
 (10) COLOR OR RACE **Col** (11) AGE AT LAST BIRTHDAY **40** (Years)
 (12) BIRTHPLACE **S.C.**
 (13) OCCUPATION **Farmer**
 (20) Number of children born to mother, including present birth { **8**

MOTHER.

(14) NAME BEFORE MARRIAGE **Martha Polite**
 (15) PRESENT POSTOFFICE OF MOTHER **Ridgeland S.C.**
 (16) COLOR OR RACE **Col** (17) AGE AT LAST BIRTHDAY **36** (Years)
 (18) BIRTHPLACE **S.C.**
 (19) OCCUPATION **Housewife**
 (21) Number of children of this mother now living, including present birth { **7**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **born** at **12:09** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **William Preston**
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness **Louis M. Caw**
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed **1916** (28) **Louis M. Caw** 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.