

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Inc. Town of

or

City of Greenville

(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

42891

Registration District No. 2209B Registered No. 537

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Helen Louise Hester { If child is not yet named, make supplemental report as directed(3) SEX OR  
REL? girl(4) Twin  
or Triplet? ✓(5) Number in  
order of birth ✓

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH Dec. 2nd 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Paul Robert Hester(9) PRESENT  
POSTOFFICE  
OF FATHER Greenville, S.C.(10) COLOR  
OR  
RACE white (11) AGE AT LAST  
BIRTHDAY 26  
(Years)(12) BIRTHPLACE  
Greenville Co.(13) OCCUPATION  
Carpenter(14) Number of children born to  
mother, including present birth 1st

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Georgia Bishop(15) PRESENT  
POSTOFFICE  
OF MOTHER Greenville, S.C.(16) COLOR  
OR  
RACE white (17) AGE AT LAST  
BIRTHDAY 22  
(Years)(18) BIRTHPLACE  
Brevard, N.C.(19) OCCUPATION  
Housewife(20) Number of children of this mother  
now living, including present birth 1st

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. E. Bruce, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Greenville, S.C.Given name added from a supplement-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Jan 3, 1917 (28) A. H. Mackay  
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.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.