

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

5225

County of Charleston
 Township of Beck

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

or
 In Town of Registration District No. 4.0.14 Registered No. 14
 (For use of Local Registrar)
 or
 City of (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 Cecil Adolph Hest If child is not yet named, make supplemental report as directed

3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH 11 23
 (Name of Month) (Day) (Year)

FATHER

MOTHER

8) FULL NAME John Hest

(14) NAME BEFORE MARRIAGE Miss Bee Titman

9) PRESENT POSTOFFICE OF FATHER St. Stephen S.C.

(15) PRESENT POSTOFFICE OF MOTHER St. Stephen S.C.

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Textile Worker

(19) OCCUPATION Domestic

16) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 1230 on the date above stated.

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Stephen S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 11/23/23 (28) 6.7.770024 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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