

## (1) PLACE OF BIRTH

County of DillonTownship of Manningor Inc. Town of Dillon

or City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25751

Registration District No. 16-ARegistered No. 34  
(For use of Local Registrar)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 Estelle Elizabeth Hurst { If child is not yet named, make supplemental report as directed }

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 10, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

H. P. Hurst

(9) PRESENT POSTOFFICE OF FATHER

Dillon S. C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Retail Salesman Standard Oil

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

{ One }

## MOTHER.

(14) NAME BEFORE MARRIAGE

May Bell Goodman

(15) PRESENT POSTOFFICE OF MOTHER

Dillon S. C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

17

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

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

{ One }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11.30 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23)

(Signature) D. W. Williams

(24)

State whether Physician or Midwife  
Physician

(25) Address of Physician or Midwife

Dillon S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 20, 1922

(28)

B. J. Williams  
Local Registrar.19  
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.\*When there was no attending physician or midwife, then the father, householder, etc. should make this return.  
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