

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

County of SpokaneSTATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

1927

Township of WalnutRegistration District No. 4-21-0 Registered No. 21or
Inc. Town of

(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 Charles M. Hester

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

Yes(7) DATE OF BIRTH Jan 10 23

(8) FULL NAME

Charles M. Hester

(14) NAME BEFORE MARRIAGE

Arnold A. Vaughan

(9) PRESENT POSTOFFICE OF FATHER

Spokane

(15) PRESENT POSTOFFICE OF MOTHER

Spokane

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(12) BIRTHPLACE

Idaho

(18) BIRTHPLACE

Idaho

(13) OCCUPATION

Farmer

(19) OCCUPATION

Farmer

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

4

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature)

(24) State whether Physician or midwife

(25) Address of Physician or midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 6 1923

(28)

J. W. Hatchett

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.