

(1) PLACE OF BIRTH /

County of Jefferson
Township of Chippewa
or
Inc. Town of Buttsford
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
39231

Inc. Town of Bethesda
or
City of

Registration District No. 3/-6

Registered No. 67
(For use of Local Registrar)

..... (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 Anna Steadman

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth
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(6) Are Parents Married? *yes*

(7) DATE OF BIRTH. Nov 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Jack H. Hester

9) PRESENT POSTOFFICE OF FATHER: *Washington, DC*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *35*

(12) BIRTHPLACE -

(13) OCCUPATION

207 Number of children born to mother, including present birth

MOTHER

(14) NAME BEFORE MARRIAGE: Ruthell Hullman

(15) PRESENT POSTOFFICE OF NOTARY *B. T. ...*

(16) COLOR OR HAIR *13/10/16* (17) AGE AT LAST BIRTHDAY *31*

(18) BIRTHPLACE

(15) OCCUPATION RETIRED

(21) Number of children of this mother now living. Including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Bryan Allen, at 7 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amelia X Williams

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

Given name added from a supplement-
tal report.

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

(27) Filed Nov 14 1922. (28) D. V. Walker
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.