

Form No. 1

(1) PLACE OF BIRTH

County of OrtTownship of Edwardsor
Inc. Town of Edwardsor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3605

File No.—For State Registrar Only

31624

Registered No. 92
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Azibah Rena Hestley (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl (4) Twin or Triplet? - (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 20, 1925
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Hestley(9) PRESENT POSTOFFICE OF FATHER Edwards(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28
(Year)(12) BIRTHPLACE Edwards(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Mabel Hestley(15) PRESENT POSTOFFICE OF MOTHER Edwards(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
(Year)(18) BIRTHPLACE Edwards(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3 P.M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)(23) (Signature) J. T. Green (24) State whether Physician or Midwife (25) Address of Physician or Midwife Edwards

Given name added from a supplemental report

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

(27) Filed Sept 25 1925 (28) 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.

When a child is born, the parents or other persons present should fill out this certificate and give it to the Registrar. If the child is born at home, the parents should fill out this certificate and give it to the Registrar. If the child is born in a hospital, the parents should fill out this certificate and give it to the Registrar. If the child is born in a hospital, the parents should fill out this certificate and give it to the Registrar.

BUREAU OF COLUMBIA, COLUMBIA, S. C.