

Form No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of Lowen
 OR
 Inc. Town of Eastover
 OR
 City of Richland

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36293

Registration District No. Registered No. 257
 (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 Thomas Bester (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 10/23/22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Pursey Bester
 (9) PRESENT POSTOFFICE OF FATHER Eastover SC
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27
 (Year) (12) BIRTHPLACE Richland Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucia Miller
 (15) PRESENT POSTOFFICE OF MOTHER Eastover SC
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 21
 (Year) (18) BIRTHPLACE Richland Co
 (19) OCCUPATION House Work
 (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 at 7:30 AM.
 on the date above stated (Born alive—stillborn—) (Hour A. M. or P. M.)

(23) (Signature) Sally Miller
 (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 10/30/22 (28) S. Ferguson 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.