

Form No. 1

(1) PLACE OF BIRTH

County of Marionville
 or
 Township of Blackville
 or
 Inc. Town of _____
 or
 City of _____

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

File No. — For State Registrar Only
10025

Registration District No. 504 Registered No. 37
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)
 If born in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leon H. Hester If child is not yet named, make supplemental report as directed

3. SEX OR GIRL Boy 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Feb. 12, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Leon Hester
 9. PRESENT POSTOFFICE OF FATHER Blackville
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 32 (Years)
 12. BIRTHPLACE S. C.
 13. OCCUPATION Farmer

MOTHER.

14. NAME BEFORE MARRIAGE Hester Brown
 15. PRESENT POSTOFFICE OF MOTHER Blackville
 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 30 (Years)
 18. BIRTHPLACE S. C.
 19. OCCUPATION _____

20. Number of children born to mother, including present birth 5 21. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(2) I hereby certify that I attended the birth of this child, who was White at 12 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Frances Washington
 (24) State whether Physician or Midwife 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 May 14, 1922 (28) W. D. Hammond
 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.