

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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County of SpokaneTownship of BlaineLoc. of Town of BlaineCity of Blaine

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

SOUTH CAROLINA

of Vital Statistics

Board of Health

No. 11813(2) Full Name of Child Lester Carl Norton

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? ✓(5) Number in order of birth ✓(6) Are Parents Married? ✓(7) DATE OF BIRTH Feb. 25

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lester Carl Norton(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 30

(Years)

(12) BIRTHPLACE Leticia S.C.(13) OCCUPATION Manager(14) Number of children born to mother, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE Ada Eugenia Thomas(16) PRESENT POSTOFFICE OF MOTHER Columbia(17) COLOR OR RACE W.(18) AGE AT LAST BIRTHDAY 21

(Years)

(19) BIRTHPLACE Columbia(20) OCCUPATION H. W.(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 Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 11:20 A.M.(23) (Signature) J. H. Thomas(24) State whether Physician or Midwife (25) Address of Physician or Midwife 2412 Preston St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) May 16 1923 (28) G. J. Sloan 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.