

Form No. 1

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of Blacksburg

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. - For this birth

3362

Registration District No. 1101 Registered No. 9
(For use of Local Registrar)(2) Full Name of Child Emmie Jean H. Hester

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 9, 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Joe J. Hester</u>	(14) MARRIAGE BEFORE <u>Emmie Hester</u>	(9) PRESENT RESIDENCE OF FATHER <u>Blacksburg</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Blacksburg</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)
(12) BIRTHPLACE <u>Blacksburg</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Blacksburg</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (born or stillborn) (Sex M. or F. M.)(23) (Signature) Elmer H. Hester

(24) State whether Physician or Midwife

(25) Signature of Physician or Midwife

Should be filled out from a supplemental report

(26) Witness

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

(27) Filed 3-5-23

1923

(28)

(29) Local Registrar

If an attending physician or midwife, then the father, householder, etc., should make this return. If a stillborn case, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

PLEASE PRINT. WITH UNIFORM INK.—THIS IS A PERMANENT RECORD.
 IN 2-2a use of TYPE OR TYPEWRITER OR A SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 5