

Form No. 1

(1) PLACE OF BIRTH

County of Horry

Township of Port Republic

Inc. Town of

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

File No. For State Registrar Only

77555

Registration District No. 2503

Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child Esther Lee Hatcher

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 28, 1911
(Name (Month) (Day) (Year))

FATHER.

(8) FULL NAME Robert Hatcher

(9) PRESENT POSTOFFICE OF FATHER Galivants Ferry, S.C.

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Horry Co, S.C.

(13) OCCUPATION Farmer

(16) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Hatcher

(15) PRESENT POSTOFFICE OF MOTHER Galivants Ferry, S.C.

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Horry Co, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

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. (Hour A. M. or P. M.) 9:00 A.M.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Galivants Ferry, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 10/6/11 1911 (28) Thomas Johnson 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 stillbirth before the fifth month of pregnancy.

NOTE: PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND WHEN THE FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.