

(1) PLACE OF BIRTH

County of Chester
 Township of
 or
 Inc. Town of
 or
 City of Chester

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

File No.—For State Registrar Only

18057

Registration District No. 11A Registered No. 51
 (For use of Local Registrar)

(No. Springston Mill 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 Luther McHoffey Jr If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Twin or Triplet? Twin 5) Number in order of birth 2 6) Parents Married? yes 7) DATE OF BIRTH June 3, 1922
 (Specify of Month) (Day) (Year)

FATHER.

8) FULL NAME Luther M Hoffey9) PRESENT POSTOFFICE OF FATHER Chester10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 33
 (Years)12) BIRTHPLACE Chester Co.13) OCCUPATION Mill work20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Lizzie Wells15) PRESENT POSTOFFICE OF MOTHER Chester16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 29
 (Years)18) BIRTHPLACE Chester Co.19) OCCUPATION Domestic21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive at 8:45 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm Ross(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Chester SC

Given name added from a supplemental report

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

(27) Filed June 6, 1922 (28) Wm Ross 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.

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