

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

Lancaster
Waynes

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *2807*

File No.—For State Registrar Only

35198

Registered No. *32*
(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child

Ruth Sestore

(3) ~~BOY~~ OR GIRL *girl*(4) Twin or Triplet? *twins*(5) Number in order of birth
To be answered only in case of Twin or Triplet(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

Sept. 15, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lee Sestore

(9) PRESENT POSTOFFICE OF FATHER

Riverside S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Lancaster Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mahalia Stewart

(15) PRESENT POSTOFFICE OF MOTHER

Riverside S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Lancaster Co.

(19) OCCUPATION

Domestic

(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.

(23) (Signature)

(24) State whether Physician or Midwife

Jane Stewart
midwife

Given name added from a supplemental report

(26) Witness

E. J. Sestore
(Signature of Witness necessary only when question 25 is signed by mark)

B. J. Richardson
Registrar

(27) Filed

Oct. 1, 22

(28) Local Registrar

B. J. Richardson

*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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PREPARED BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BIRTH

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