

FORM NO. 1, 1918. (REVISED) PRINTED AT THE STATE OF SOUTH CAROLINA, DEPARTMENT OF HEALTH, DIVISION OF VITAL STATISTICS, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**

County of Upson  
 Township of Quincy  
 or  
 Inc. Town of Leek  
 or  
 City of Leek

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

26525

Registration District No. 4-202 Registered No. 5-2  
 (For use of Local Registrar)

**(2) Full Name of Child: Francis Loren Lester**

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 16, 1923</u> (Month of Birth) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>Olen Lester</u>			(14) NAME BEFORE MARRIAGE <u>Joan Watson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Leek St Alb</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Leek St Alb</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>14</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(12) BIRTHPLACE <u>Leek St Alb</u>			(18) BIRTHPLACE <u>Newberry St</u>	
(13) OCCUPATION <u>Customs Collector</u>			(19) OCCUPATION <u>Domestic Duties</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour) (P. M.)

(23) (Signature) Karl Gaudin M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Leek St Alb

Given name added from a supplemental report

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

(27) Filed Sept 7, 1923 (28) W. H. Hallman  
 Registrar 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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