

(1) PLACE OF BIRTH

County Pickens

Township of .....

or Town of .....

City of Pickens

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

(2) Full Name of Child Eulalia Hester

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

8253

Registration District No. 3706Registered No. 34

(For use of Local Registrar)

St. .... Ward)

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

BOY or GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 16, 23</u> (Name of Month) (Day) (Year)
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FATHER.	
(8) FULL NAME <u>Theron Earle Hester</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Pickens, S.C.</u>	
(10) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>Pickens Co</u>	
(13) OCCUPATION <u>Moving Picture Operator</u>	
(14) Number of children born to mother, including present birth <u>2</u>	

MOTHER.	
(14) NAME BEFORE MARRIAGE <u>Viola Hendricks</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Pickens, S.C.</u>	
(16) COLOR OR RACE <u>white</u>	
(18) BIRTHPLACE <u>Pickens Co</u>	
(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth <u>2</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.

(23) (Signature) <u>L. H. Hallym</u>	(24) State whether Physician or Midwife	(25) Address of Physician or Midwife <u>Pickens, S.C.</u>
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When name added from a supplemental report

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

(27) Filed 191 (28) Local Registrar

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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