

1) PLACE OF BIRTH

County Pickens

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

File No.—For State Registrar Only

8253

Township of

or Town of

City of Pickens

Registration District No. 3706

Registered No. 34
(For use of Local Registrar)

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

2) Full Name of Child Emlaha Hester If child is not yet named, make supplemental report as directed

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 Feb. 16 23
(Name of Month) (Day) (Year)

FATHER. FULL NAME Hermon Earle Hester

PRESENT POSTOFFICE OF FATHER Pickens, S.C.

COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Pickens Co

OCCUPATION Moving Picture Operator

Number of children born to mother, including present birth 2

MOTHER. (14) NAME BEFORE MARRIAGE Viola Hendricks

(15) PRESENT POSTOFFICE OF MOTHER Pickens, S.C.

(16) COLOR OR FACE white (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Pickens Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

2) I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) (Hour A. M. or P. M.) 12:45 P. on the date above stated.

(23) (Signature) L. H. Vallym's Pickens, S.C. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

When name added from a supplemental report
191
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
(27) Filed 191 (28) 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. Local Registrar

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