

(1) PLACE OF BIRTH

County of MarionTownship of Wahlee

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

15909

Registration District No 32.0.7Registered No. 19
(For use of Local Registrar)(2) Full Name of Child Ruth Lester

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH May 26, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Henry Lester

(9) PRESENT POSTOFFICE OF FATHER

Marion S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

Marion Co S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Hallie Lester

(15) PRESENT POSTOFFICE OF MOTHER

Marion S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

Marion Co S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sabra Imman

(24) State whether Physician or Midwife

mid wife

(25) Address of Physician or Midwife

Marion S.C.

Given name added from a supplemental report

(26) Witness

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

19

Registrar

(27) Filed June 5, 1922(28) J. L. Dill

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.