

(1) PLACE OF BIRTH

County of Marion  
Township of Wahel  
OR  
Inc. Town of ..  
OR  
City of ..

**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. 3207 Registered 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 1 (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 Inman  
(24) State whether Physician or Midwife midwife (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)

(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.