

## (1) PLACE OF BIRTH

County of Sumter S.C.

Township of .....

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

12219

Registration District No. .... Registered No. ....  
(For use of Local Registrar)

(No. .... St. .... Ward)

(7) Full Name of Child L. H. Hester, Jr. If child is not yet named, make supplemental report as directed(2) BOY OR GIRL girl (4) Twin or Triplet one (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Jan 21, 1923  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Hester (14) NAME BEFORE MARRIAGE Mary E. Willis(9) PRESENT POSTOFFICE OF FATHER Sumter P.O. (15) PRESENT POSTOFFICE OF MOTHER Sumter P.O.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26  
(Year)(12) BIRTHPLACE Sumter S.C. (18) BIRTHPLACE Sumter S.C.(13) OCCUPATION Butler (19) OCCUPATION Cooking(20) Number of children born to mother, including present birth 1 2 (21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 11:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Cornelia Albert Midwife (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Jan 21/23

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

(27) Filed Feb 10 23 (28) Carl B. Smith 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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