

(1) PLACE OF BIRTH

County of Beaufort
 Township of 3rd
 or Eschard
 Inc. Town of Eschard
 or
 City of Eschard

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

File No. — For State Registrar Only
10016

Registration District No. 404 Registered No. 28
 (For use of Local Registrar)

(No. St. Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Jesse Chappell Hiers If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 4th (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 10 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessell X Hiers
 (9) PRESENT POSTOFFICE OF FATHER Eschard S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
 (Years)
 (12) BIRTHPLACE Beaufort Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Smith
 (15) PRESENT POSTOFFICE OF MOTHER Eschard S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
 (Years)
 (18) BIRTHPLACE Richland Co. S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 a. m.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) W. D. Kinard
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Eschard S.C.

Given name added from a supplemental report
W. B. W. W. D.
5-13-22
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mar)
 (27) Filed Apr 15 1922 (28) Local Registrar W. D. Kinard

*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.

Registrar

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