

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Marlboro
 Township of Red Hill
 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
69564

Registration District No. 3307 Registered No. 43
 (For use of Local Registrar)

(2) Full Name of Child M. Martha Hesterkin { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>None</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 29</u> <u>1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John W. Hesterkin</u>			(14) NAME BEFORE MARRIAGE <u>James E. Hesterkin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Blenheim</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blenheim</u>	
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>	
(11) AGE AT LAST BIRTHDAY <u>4</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Marlboro</u>			(18) BIRTHPLACE <u>Marlboro</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 12 night on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) M. Hesterkin
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blenheim

(Given name added from a supplemental report 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)
 (27) Filed July 1 1916 (28) R. L. Hesterkin 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.