

(1) PLACE OF BIRTH

County of RichmondTownship of Hamptonor
Inc. Town ofor
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

4956

Registration District No. 3704Registered No. 6
(For use of Local Registrar)(2) Full Name of Child. T.B. Hester

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

(3) SEX OR

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age

(7) DATE BIRTH Feb 25 23

(Name of Month) (Day) (Year)

FATHER.

(8) NAME William Hester(9) PRESENT POSTOFFICE OF Hampton Co. #2(10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Greenville Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME Martha Smith(15) PRESENT POSTOFFICE OF Hampton Co. #2(16) COLOR White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Lancaster Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn as born alive or stillborn (Hour 7:20 P. or F. M.) on the date above stated.(23) (Signature) P. Wood(24) State whether Physician or Midwife (25) Address of Physician or Midwife Richmond

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) File Mr. J. 100 (28) J. J. J.

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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