

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 5.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Crossville
 Township of Fairview
 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
43000

Registration District No. 2706 Registered No. 101
 (For use of Local Registrar)
 St.; _____ Ward)

(2) Full Name of Child Clyde Troops Hester If child is not yet named, make supplemental report as directed

(3) <u>BOY OR GIRL?</u>	(4) <u>Twin or Triplet?</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 7th 19<u>46</u></u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Clyde Lafayette Hester</u>	(14) NAME BEFORE MARRIAGE <u>Harry Lee Eliza Woods</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Fountain Inn S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fountain Inn S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) F. B. Stewart
 (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Fountain Inn S.C.

Given name added from a supplemental report
 _____ 1946
 Registrar

(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 10 1946 (28) F. B. Stewart
 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.