

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41565

County of ChesterTownship of Chester

City of .....

Inc. Town of .....

City of .....

Registration District No. 1104Registered No. 164  
(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 Jessie Hinton

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 22, 22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Eli Hinton  
(9) PRESENT POSTOFFICE OF FATHER Chester  
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 33  
(Years)  
(12) BIRTHPLACE Chester County  
(13) OCCUPATION farmer  
(20) Number of children born to mother, including present birth 8

MOTHER.  
(14) NAME BEFORE MARRIAGE Mary M. Moore  
(15) PRESENT POSTOFFICE OF MOTHER Chester  
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 26  
(Years)  
(18) BIRTHPLACE Chester County  
(19) OCCUPATION Domestic  
(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... Alive... at 12:00 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Ann Gardner  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Date 1-2-23 (28) J. H. Moore  
Local Registrar

\*When there was no attending physician or midwife, the father, householder, etc., should make this return.  
If a child breathes even once, it is born alive, whether stillborn. No report is desired of stillbirths  
within the fifth month of pregnancy.