

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK
CHILD

CERTIFIER

MOTHER

FATHER

DEATH UNDER
ONE YEAR OF
AGE
Enter State File
Number of death
certificate for this
child

MULTIPLE BIRTHS
Enter State File
Number for Mate(s)

LIVE BIRTH(S)

FETAL DEATH(S)

Form No. 1

(1) PLACE OF BIRTH

County of *Orangeburg*

Township of *Willers*

or
Inc. Town of.....

or
City of.....

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *10* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Nov 17 1923*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *J. J. Hester*
(9) PRESENT POSTOFFICE OF FATHER *Norway, S.C.*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28*
(12) BIRTHPLACE *S.C.*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth *10*

MOTHER.
(14) NAME BEFORE MARRIAGE *Emma Stevenson*
(15) PRESENT POSTOFFICE OF MOTHER *Norway S.C.*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *34*
(18) BIRTHPLACE *S.C.*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7 A.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *S. H. Hester*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Norway, S.C.*

Given name added from a supplemental report

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

(27) Filed *Oct 14 1923* (28) *J. A. Price* 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.

DHEC-809 Rev. 1978

RECEIVED COLUMBIA, S. C.

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