

(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

4813

County of OrangeburgTownship of EdisonInc. Town of Carver

City of

Registration District No. 3605Registered No. 21
(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 Edward James Hester If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet - (5) Number in order of birth 1st Are Parents Married? Yes (7) DATE OF BIRTH Feb 7 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward James Hester(9) PRESENT POSTOFFICE OF FATHER Reeame SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Year)(12) BIRTHPLACE Reeame SC(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth 1st

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Louise Jones(15) PRESENT POSTOFFICE OF MOTHER Reeame SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE Lanier SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9:55 on the date above stated. (Born alive stillborn) (Hour 9:55 P. M.)(23) (Signature) J. T. Jones(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Reeame SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) Thacker(27) Signed Feb 8 1923 (28) 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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