

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**73825**

## (1) PLACE OF BIRTH

County of Marion S.C.Township of Marion S.C.Inc. Town of Marion S.C.City of Marion S.C.

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

Registration District No. 32a Registered No. 80

(For use of Local Registrar)

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

|                              |                      |  |                                     |   |
|------------------------------|----------------------|--|-------------------------------------|---|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? | (5) Number in order of birth<br><small>To be answered only in event of Twins or Triplets</small> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Aug 4, 1914</u><br><small>(Name of Month) (Day) (Year)</small> |
|------------------------------|----------------------|--|-------------------------------------|---|

**FATHER.**(8) FULL NAME Henry Hester(9) PRESENT POSTOFFICE OF FATHER Marion S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Marion S.C.(13) OCCUPATION House work(20) Number of children born to mother, including present birth { Two children**MOTHER.**(14) NAME BEFORE MARRIAGE Ida Wheeler(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Georgetown S.C.(19) OCCUPATION Public work(21) Number of children of this mother now living, including present birth { 2 children**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***(22) I hereby certify that I attended the birth of this child, who was alive at 5 o'clock A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Midwife Mary Daniels

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Marion S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness Mamie Dargan  
(Signature of Witness necessary only when question 25 is signed by mark)(27) Filed Aug 16, 1914 (28) Arthur R. Craig 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.

MARGIN RESERVED FOR BINDING. 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.