

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.
OR
Inc. Town of Marion S.C.
OR
City of _____ (No. _____ St.; _____ Ward)
(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? girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 4 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

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 Midwife (25) Address of Physician or 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 6 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.