

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor Inc. Town of ChawsonCity of Chawson

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

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

File No. — For State Registrar Only
66313

Registration District No. 11008Registered No. 566

(For use of Local Registrar)

(2) Full Name of Child Baby Hester

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

(3) BOY OR GIRL? B(4) Twin or Triplet? 1(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH June 4, 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME C. Benton Hester(9) PRESENT POSTOFFICE OF FATHER Chawson(10) COLOR W(11) AGE AT LAST BIRTHDAY 22(12) RACE W(13) BIRTHPLACE S. C.(14) OCCUPATION Mill work(15) Number of children born to mother, including present birth Two

MOTHER

(16) NAME BEFORE MARRIAGE Baby Hendrix(17) PRESENT POSTOFFICE OF MOTHER Chawson(18) COLOR W(19) AGE AT LAST BIRTHDAY 19(20) RACE W(21) BIRTHPLACE S. C.(22) OCCUPATION W(23) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was Born at 10:20 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) Chawson

(26) State whether Physician or Midwife (27) Address of Physician or Midwife

PhysicianChawson

Given name added from a supplemental report

(28) Witness

(Signature of Witness necessary only when question 28 is signed by mark)

(29) Filed June 17, 1916(30) C. H. Parker

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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