

(1) PLACE OF BIRTH

County of Greenville
 Township of Neal
 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.)

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

File No. For State Registrar Only
56104

Registration District No. 2213 Registered No. 24
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1st (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH April, 1928
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robt. Anderson Hester

(9) PRESENT POSTOFFICE OF FATHER Dead

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52
 (Years)

(12) BIRTHPLACE Greenville Co., S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 11

MOTHER.

(14) NAME BEFORE MARRIAGE Mariah Barnett
R.S.D.#1

(15) PRESENT POSTOFFICE OF MOTHER Travellers Rest, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41
 (Years)

(18) BIRTHPLACE Greenville Co., S.C.

(19) OCCUPATION At Home

(21) Number of children of this mother now living, including present birth { 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:05 PM.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. P. Benson

(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Travellers Rest, 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 May 8, 1928 (28) Albert W. News
 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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When twins, triplets, etc., are born, use a separate blank for each child, and mark the first-born, No. 1. THE OTHER, No. 2, etc., in question 5.