

**CERTIFICATE OF BIRTH**  
**STATE OF NORTH CAROLINA**  
**Department of Vital Statistics**  
**State Board of Health**

**3000**

Registration District No. **703**

Registered No. **12**  
 (For use of Local Registrar)

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

1) Full Name of Child **Lelia Hallston**

(If child is not yet named, make appropriate report as directed)

2) Sex **girl** 3) Age **48** 4) Date of Birth **Feb 20, 23**

**FATHER**  
 5) Name **Robert Kalester**  
 6) Address **Moncks Corner SC**  
 7) Color **Colored** 8) Age at last birthday **48**  
 9) Occupation **Woodboor SC**  
 10) **farmer**

**MOTHER**  
 11) Name **Hettie Carver**  
 12) Address **Moncks Corner SC**  
 13) Color **Colored** 14) Age at last birthday **37**  
 15) Occupation **Woodboor SC**  
 16) **House Wife**

17) Number of children born to father, including present birth **6**  
 18) Number of children of this mother now living, including present birth **6**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

19) I hereby certify that I attended the birth of this child, who was **Alive** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(20) (Signature) **Rebecca Richardson**  
 (21) State whether Physician or Midwife **Midwife** (22) Address of Physician or Midwife **Moncks Corner SC**

Given name added from a supplemental report

(23) Witness **Wm. M. Gault**  
 (Signature of Witness necessary only when question 22 is signed "male")

(24) Filed **19** (25) **B. M. Barron** 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.