

(1) PLACE OF BIRTH

County of Charleston
Township of Langleys
or
Inc. Town of P.C.
or
City of Gloverville
(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
40664

Registration District No. V.179 Registered No. 171
(For use of Local Registrar)

(2) Full Name of Child Ester Lerma Hydriest If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 7, 22
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Audrey Hydriest
(9) PRESENT POSTOFFICE OF FATHER Langleys sc
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Langleys sc
(13) OCCUPATION Cotton Mill Oper
(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Goodman
(15) PRESENT POSTOFFICE OF MOTHER Langleys sc
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE Langleys sc
(19) OCCUPATION Cotton Mill Oper
(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Langleys sc

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec. 17, 1922 (28) L. W. Spradley 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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FORM NO. 7. 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. City of Columbia.