

(1) PLACE OF BIRTH

County of Fairfield

Township of

OR
Inc. Town ofOR
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

30091

Registration District No. Registered No.
(For use of Local Registrar)(2) Full Name of Child Killie Bell Lester If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sub 5 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Lester(9) PRESENT POSTOFFICE OF FATHER Bookman SC(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE

(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Parnell(15) PRESENT POSTOFFICE OF MOTHER Bookman SC(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE

(19) OCCUPATION farmer(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 8:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Fody Starks(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bookman SC

Given name added from a supplemental report

(26) Witness Charlotte Parnell
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 19/1/27 (28) J. F. Garrison 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.