

Form No. 1

(1) PLACE OF BIRTH

County of SaludaTownship of Saludaor
Inc. Town of Saludaor
City of Saluda

(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

Registration District No. 3905 Registered No. 28
(For use of Local Registrar)(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 24, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. H. Hester(9) PRESENT POSTOFFICE OF FATHER Saluda, SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Saluda, SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ada Bonner(15) PRESENT POSTOFFICE OF MOTHER Saluda, SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE Saluda, SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was W. H. Hester at 7 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Hester(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Saluda, SC

Given name added from a supplemental report

(26) Witness W. H. Hester

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 10, 1922(28) W. H. Hester 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.