

(1) PLACE OF BIRTH

County of Charleston,
 Township of Glendale Mill
 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

No. — For State Register Only

3507

Registration District No. **1314**

Registered No.
 (For use of Local Registrar)

St. Ward)
 (If child is not yet named, make
 supplemental report as directed)

(2) Full Name of Child Nancy M. Lester

(a) SON
 (b) DAUGHTER
Son

(c) Twins
 or Triplets
 To be answered only in event of Twins or Triplets

(d) Number in
order of birth

(e) Sex
Male Female Yes

(f) DATE OF
BIRTH Feb. 6
 (Name of Month) (Day) (Year)

FATHER

(a) FULL NAME Henry M. Lester
 (b) PRESENT ADDRESS Brygdon, S.C.
 (c) COLOR White (d) AGE AT LAST BIRTHDAY 32
 (e) PLACE OF BIRTH S.C.

(f) OCCUPATION

Farming

(g) Number of children born to mother, including present birth 1 4

MOTHER

(a) FULL NAME Allie Powell
 (b) PRESENT ADDRESS Brygdon, S.C.
 (c) COLOR White (d) AGE AT LAST BIRTHDAY 31
 (e) PLACE OF BIRTH S.C.

(f) OCCUPATION

Housewife

(g) Number of children of this mother now living, including present birth 1 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(29) (Signature) Mary Lester (30) Address of Physician or Midwife
 (State whether Physician or Midwife) Midwife Charleston, S.C.

Other name added from a supplemental report

(31) WITNESS
 (Signature of Witness necessary only when question 28 is signed by mark)

(32) FILED Feb. 20, 1929 (33) R. E. Thompson 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.