

PLACE OF BIRTH

County of Beaufort

Family of L. H. Patten

or Town of

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 703 Registered No.
(For use of Local Registrar)

(No. St.; Ward)

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

(1) Full Name of Child Rajana Hester If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD girl (3) Type or Twins 1 (4) Number in order of birth 1 (5) DATE OF BIRTH July 11, 1923
(To be entered only in event of Twins or Triplets)

FATHER.

(6) NAME BEFORE MARRIAGE Mr Thomas Hester

(7) PRESENT RESIDENCE OF FATHER Pinopolis

(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 19 (Year)

(10) BIRTHPLACE South Car

(11) OCCUPATION South Car

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

MOTHER.

(13) NAME BEFORE MARRIAGE Bessie Hester

(14) PRESENT RESIDENCE OF MOTHER Pinopolis

(15) COLOR OR RACE Colored (16) AGE AT LAST BIRTHDAY 13 (Year)

(17) BIRTHPLACE South Car

(18) OCCUPATION Cook

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was at 4.2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) L. H. Patten (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Pinopolis

Give name added from a supplemental report

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

(25) Filed July 11, 1923 (26) 2.11 M. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.