

## (1) PLACE OF BIRTH

County of KnoxTownship of Prosperityor  
Inc. Town of Prosperityor  
City of Prosperity

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 345Registered No. 3  
(For use of Local Registrar)

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

(2) Full Name of Child Lester Hallman

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

(3) BOY OR GIRL boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH May 24 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME S. J. Hallman(9) PRESENT POSTOFFICE OF FATHER Prosperity S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20  
(Year)(12) BIRTHPLACE Prosperity S.C.(13) OCCUPATION Fanner.(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Yladdis Morris(15) PRESENT POSTOFFICE OF MOTHER Prosperity S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19  
(Year)(18) BIRTHPLACE Prosperity S.C.(19) OCCUPATION Cook(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. L. Suber(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Prosperity S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed May 24 1923 (28) C. T. Myrick  
Registrar 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.