

WITH PLAINLY WRITTEN INFORMATION IN THIS SPACE, USE A SEPARATE BLANK FOR EACH CHILD, and mark the  
 M. in case SETWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Indian  
 Township of Synchburg  
 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

Registration District No. 3002

File No.—For State Registrar Only  
31046

Registered No. 121  
 (For use of Local Registrar)

(2) Full Name of Child Henry B. Hansen

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? Yes (7) DATE OF BIRTH Sept 23 1922  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H Lee Hansen  
 (9) PRESENT POSTOFFICE OF FATHER Atkins SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
 (Year)  
 (12) BIRTHPLACE Cherryville N.C.  
 (13) OCCUPATION Saw mill work  
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Ellie Nora Hellingner  
 (15) PRESENT POSTOFFICE OF MOTHER Atkins SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
 (Year)  
 (18) BIRTHPLACE Cherryville, N.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. M. Griffin, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Synchburg, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filled 10/2 1922 (28) C. F. McIntosh 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.

McGAW OF COLUMBIA, S. C.