

## (1) PLACE OF BIRTH

County of Richmond

Township of .....

Inc. Town of RichmondCity of Richmond

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

(2) Full Name of Child Herbert Joseph Henry

(3) SEX OR GENDER	(4) Type or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
<u>M</u>	<u>Single</u>	<u>1</u>	<u>Yes</u>	<u>Nov. 23 1928</u>

(8) FATHER	(9) MOTHER
<u>William Joseph Henry</u>	<u>McCluskey</u>

(10) FULL NAME	(11) NAME BEFORE MARRIAGE
<u>William Joseph Henry</u>	<u>Robert McCluskey</u>

(12) PRESENT POSTOFFICE OF FATHER	(13) PRESENT POSTOFFICE OF MOTHER
<u>Richmond</u>	<u>Richmond</u>

(14) COLOR OR RACE	(15) AGE AT LAST BIRTHDAY
<u>White</u>	<u>26</u>

(16) BIRTHPLACE	(17) OCCUPATION
<u>Richmond</u>	<u>Mechanic</u>

(18) BIRTHPLACE	(19) OCCUPATION
<u>Richmond</u>	<u>Mechanic</u>

(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth
<u>4</u>	<u>4</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature)	(24) State whether Physician or Midwife
<u>Wade Thompson</u>	<u>Physician</u>

Given name added from a supplement report

(25) Witness	(26) Signature of Witness necessary only when question 23 is signed by mark
<u>Wade Thompson</u>	<u>Wade Thompson</u>

(27) Filed	(28) ANDERSON
<u>Dec. 1 1928</u>	<u>ANDERSON</u>

\*When there was no attending physician or midwife, then the father, householder, etc., should make report. 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.

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CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

34588

Registration District No. 3A Registered No. 417  
(For use of Local Registrar)

(No. 2306 of CV St. 1 Ward 1)

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

DATE OF BIRTH Nov. 23 1928  
(Name of Month) (Day) (Year)

MOTHER McCluskey

(14) NAME BEFORE MARRIAGE Robert McCluskey

(15) PRESENT POSTOFFICE OF MOTHER Richmond

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Richmond

(19) OCCUPATION Mechanic

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

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

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