Form No. 1

(1) PLACE OF BIRTH

County of Berkeley

Township of Cainhoy

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17717

Registration District No. 708 Registered No. 69
(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.)

(2) Full Name of Child Henry Houshala

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
			Yes	June 22nd 1922

FATHER.

(8) FULL NAME Isiah Houshalle

(9) PRESENT POSTOFFICE OF FATHER Cross Sts.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Berkeley Co

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Hannah Houshalle

(15) PRESENT POSTOFFICE OF MOTHER Cross Sts.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Berkeley Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sarah Burney

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Cross Sts

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness Rellie Cross
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 27th 19 22 (28) D.W. Cross
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.

WRITE PLAINLY, with pen and ink—DO NOT USE LEAD PENCIL. PRINT ALL NAMES. Make no abbreviations. Be sure to answer every question. If none, write NONE. If unknown, write UNKNOWN. If the child is dead, so state. If living, do not say so. If a question does not apply, write "Does not apply." Do not leave any question unanswered. If information is lacking, explain why. Use black ink. Do not fold. Make no erasures. Be sure to sign certificate.

McGaw of Columbia, Columbia, S. C.