

(1) PLACE OF BIRTH

County of CharlottesvilleTownship of Hartsville S.C.

In Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3588

Registration District No. 1312Registered No. 18
(For use of Local Registrar)

City of

2) Full Name of Child Josephine Henson

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

3) SEX girl
(1) Twin or triplet? No
(5) Number in order of birth 1
(6) Are Parents Married? Yes(7) DATE OF BIRTH July 21 1922
(Name of Month) (Day) (Year)

FATHER.

(8) NAME Hildred Henson(9) PRESENT RESIDENCE OF FATHER Hartsville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Charlottesville County, S.C.(13) OCCUPATION Farmer(14) Number of children born to father including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Beasley(15) PRESENT POSTOFFICE OF MOTHER Hartsville, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Charlottesville County, S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Nattie Johnson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hartsville S.C.

Name added from a supplemental report

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

(27) Filed July 10 1922 (28) M. M. Kaper 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.

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