

Form No. 1

(1) PLACE OF BIRTH

County of ColletonTownship of Warren

Inc. Town of

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. 144No. 811 - For State Registrar OnlyRegistered No. 4
(For use of Local Registrar)(2) Full Name of Child Willie McHenry

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

(a) SEX OF CHILD <u>Boy</u>	(b) DATE OF BIRTH <u>2</u>	(c) NUMBER IN ORDER OF BIRTH <u>2</u>	(d) AGE AT BIRTH <u>1</u>	(e) DATE OF BIRTH <u>1-1-1923</u>
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FATHER		MOTHER	
(1) FULL NAME <u>Erwin McHenry</u>	(1) NAME BEFORE MARRIAGE <u>Lucy McHenry</u>		

(2) PRESENT POST OFFICE OF FATHER <u>Smacks S C</u>	(2) PRESENT POST OFFICE OF MOTHER <u>Smacks S C</u>
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(3) COLOR OR RACE <u>Black</u>	(3) AGE AT LAST BIRTHDAY <u>30</u>	(3) COLOR OR RACE <u>Black</u>	(3) AGE AT LAST BIRTHDAY <u>28</u>
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(4) BIRTHPLACE <u>S C</u>	(4) BIRTHPLACE <u>S C</u>
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(5) OCCUPATION <u>Farmer</u>	(5) OCCUPATION <u>Housewife</u>
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(6) Number of children born to mother, including present birth <u>2</u>	(6) Number of children of this mother now living, including present birth <u>2</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(29) (Signature) Mary Davis(30) State whether Physician or Midwife Midwife(31) Address of Physician or Midwife Smacks S C

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(33) Filed Feb-8-1923 (34) Matthias Kinsley 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 stillbirth before the fifth month of pregnancy.