

(1) PLACE OF BIRTH

County of York
 Township of York
 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

25805

Registration District No. 1762 Registered No. 524
 (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 William Henry (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 June 25 1922
 (Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME J. H. Henry
 9) PRESENT POSTOFFICE OF FATHER Sumner Sc.
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 48 (Years)
 12) BIRTHPLACE York
 13) OCCUPATION laborer
 20) Number of children born to mother, including present birth 15

MOTHER.
 14) NAME BEFORE MARRIAGE Anna Brown
 15) PRESENT POSTOFFICE OF MOTHER Sumner Sc.
 16) COLOR OR RACE Col. 17) AGE AT LAST BIRTHDAY 40 (Years)
 18) BIRTHPLACE St. George Sc.
 19) OCCUPATION Dom.
 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 at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Henry
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumner Sc.

Given name added from a supplemental report

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

(27) Filed Aug 1 1922 (28) E. H. Henry 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.