

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19194

County of LancasterTownship of Hills Creek

or

Inc. Town of

or

City of

Registration District No. 2804Registered No. 108

(For use of Local Registrar)

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

Alex Huey (No. 1)
If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 13, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8) FULL NAME <u>Will Henderson</u>	9) PRESENT POSTOFFICE OF FATHER <u>Lancaster SC</u>	10) NAME BEFORE MARRIAGE <u>Marion Brown</u>	11) PRESENT POSTOFFICE OF MOTHER <u>Lancaster SC</u>

10) COLOR OR RACE <u>W</u>	11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	12) COLOR OR RACE <u>W</u>	13) AGE AT LAST BIRTHDAY <u>23</u> (Years)
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12) BIRTHPLACE <u>Lancaster Co</u>	13) OCCUPATION <u>Farmer</u>	14) BIRTHPLACE <u>Lancaster</u>	15) OCCUPATION <u>Farmer</u>
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20) Number of children born to mother, including present birth <u>1/2</u>	21) Number of children of this mother now living, including present birth <u>1/2</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Becky Carter(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Lancaster SC

Given name added from a supplemental report.

Affidavit
4/13/45(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Date June 17, 1922 (28) J. T. Thompson Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.