

Form No. 1

## (1) PLACE OF BIRTH

County of

Newberry

Township of

#8

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

43833

Registration District No.

3406

Registered No. 41  
(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

James Henderson

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec 4 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Henderson

(9) PRESENT POSTOFFICE OF FATHER

Newberry S.C.

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

22  
(Years)

(12) BIRTHPLACE

Newberry County

(13) OCCUPATION

Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rachal Reeder

(15) PRESENT POSTOFFICE OF MOTHER

Newberry S.C.

(16) COLOR OR RACE

B

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

Newberry Co.

(19) OCCUPATION

Farm help

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

4

(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 11 P.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

Judie Butler

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Newberry R 4

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 10 1922 H. L. Bonloware  
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 UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.RECEIVED FOR BINDING.  
MAY 20 1923  
OFFICE OF COLUMBIA, COLUMBIA, S. C.