

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 5.

N.

Med. of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Greenwood S.C.

Township of

or

Inc. Town of

or

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

File No.—For State Registrar Only

4477

Registration District No. 23.0.6

Registered No. 22

(For use of Local Registrar)

(No. D.F.H. # 3)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL

Girl

(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 Feb 20 19 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jno. Robert Henderson

(9) PRESENT POSTOFFICE OF FATHER

Greenwood, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

4.6 (Years)

(12) BIRTHPLACE

Lawrence Co. S.C.

(13) OCCUPATION

Farmer

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

10 (Ten)

MOTHER.

(14) NAME BEFORE MARRIAGE

Thattie Mae Little

(15) PRESENT POSTOFFICE OF MOTHER

Greenwood, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39 (Years)

(18) BIRTHPLACE

Lexington, Ga.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1.6 (Six)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

M. O. Turner, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Greenwood, S.C.

Given name added from a supplemental report.

(26) Witness

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

(27) Filed

Mar. 10, 1922

(28)

A. P. Brooks

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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