

(1) PLACE OF BIRTH

County of Wes.
Township of
or
Inc. Town of
or
City of Charleston S.C. (No. 7 B. 1)
(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
25016

Registration District No. 2A Registered No. 1069
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child. Baby Henderson

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets
(6) Are Parents Married? (7) DATE OF BIRTH April 18 1912
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME J. J. Henderson
(9) PRESENT POSTOFFICE OF FATHER 7 B. 1
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34
(Years)
(12) BIRTHPLACE Walterboro S.C.
(13) OCCUPAT. Ice Salesman
(14) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Minnie Lee
(15) PRESENT POSTOFFICE OF MOTHER 7 B. 1
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34
(Years)
(18) BIRTHPLACE Walterboro S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 3:15 A. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Henderson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
father

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled 8/31 19112 (28) J. M. ... Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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