

Form No. 1

## (1) PLACE OF BIRTH

County of AikenTownship of Hammondor  
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

26858

Registration District No. 205 Registered No. 21  
(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 May Arnett Henderson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>Female</u>	(7) DATE OF BIRTH <u>Sept 10 1913</u> (Name of Month) (Day) (Year)
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FATHER.			MOTHER.		
(8) FULL NAME <u>Simon Henderson</u>	(14) NAME BEFORE MARRIAGE <u>Lena Williams</u>		(9) PRESENT POSTOFFICE OF FATHER <u>Augusta Ga R 3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Augusta Ga R 3</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>57</u> (Years)		(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>La</u>			(18) BIRTHPLACE <u>La</u>		
(13) OCCUPATION <u>Dom</u>			(19) OCCUPATION <u>house wife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was .... alive .... at 12:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Rosena Lacy  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 8 1913 (28) J. M. Barton 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.