

## (1) PLACE OF BIRTH

County of AndersonTownship of Union

In Town of .....

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

12842

Registration District No. 309 Registered No. 285  
(For use of Local Registrar)(2) Full Name of Child Chas. Henderson (No. 1 of 1 child) (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Male (4) Twin No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 27 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) NAME BEFORE MARRIAGE Charles Mat Hawkins(9) PRESENT POSTOFFICE OF FATHER Evans = 4(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Lola (Cady)(15) PRESENT POSTOFFICE OF MOTHER Evans = 4, SP(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive as 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. H. Henderson (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Anderson

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed 20.7.3 (27) Local Registrar W. H. Henderson

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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W. H. Henderson #4