

(1) PLACE OF BIRTH

County of Greenville

Township of Gantt

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child J. W. Henderson

File No. — For State Registrar Only  
**22368**

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 5, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Herb Henderson

(9) PRESENT POSTOFFICE OF FATHER

Greenville, S. C. Rt. #1

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

Farming

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

Nine (9)

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

9

MOTHER.

(16) NAME BEFORE MARRIAGE

Ellen Huff

(17) PRESENT POSTOFFICE OF MOTHER

Greenville, S. C.

(18) COLOR OR RACE

Black

(19) AGE AT LAST BIRTHDAY

(Years)

(20) BIRTHPLACE

(21) OCCUPATION

Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Anna J. McRae

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife, Greenville, S. C. Rt. #6

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug. 8, 1922 (28) E. B. Henderson 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

before the fifth month of pregnancy.

FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

NOT TO BE REPRODUCED FOR BINDING

IN CASE OF TWINS OR TRIPLETS, ETC., SEPARATE SHAPES FOR EACH CHILD.