

(1) PLACE OF BIRTH

County of Greenville
Township of Lyons
or
Inc. Town of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only
20037

Registration District No. S.V. 2 Registered No. 68
(For use of Local Registrar)

City of (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 James Henton If child is not yet named, make supplemental report as directed

(3) SEX OR GROW Male Female
(4) Type 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 July 12 1928
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Tracy Henton
(9) PRESENT POSTOFFICE OF FATHER Edgewater SC
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 19 (Year)
(12) BIRTHPLACE Orangeburg Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Anna Kemelin
(15) PRESENT POSTOFFICE OF MOTHER Edgewater SC
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Year)
(18) BIRTHPLACE Orangeburg Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... born alive at 2:30 p.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Sigler
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Edgewater, SC

(Given name added from a supplemental report)
.....
19

(26) Witness Mrs. Smith
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 16 1928 (28) W. F. Keller 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.

A. C. Smith

A K S A F E T Y A F I L