

(1) PLACE OF BIRTH

County of Greenville
Township of Auston
Inc. Town of.....
City of.....

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

No. 3990

Registration District No. 6200

Registered No. 25
(For use of Local Registrar)

(No. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child

2) BOY OR GIRL Girl 3) Twin or Triplet
To be answered only in case of Twin or Triplet

4) Number in order of birth

5) Age Parents Married yes 6) DATE OF BIRTH Feb. 26, 1923
(Name of Month) (Day) (Year)

FATHER.

7) FULL NAME Frank Henderson

8) PRESENT POSTOFFICE OF FATHER Simpsonville

9) COLOR OR RACE White 10) AGE AT LAST BIRTHDAY 33
(Year)

11) BIRTHPLACE

12) OCCUPATION

13) Number of children born to mother, including present birth

MOTHER.

14) NAME BEFORE MARRIAGE Elizabeth

15) PRESENT POSTOFFICE OF MOTHER Simpsonville

16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 1
(Year)

18) BIRTHPLACE

19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) E. J. Richardson
(23) State whether Physician or Midwife

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

(25) Date March 10, 1923 (26) Address of Physician or Midwife