Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township of Centre

or

Inc. Town of .....

or

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
27785

Registration District No. 3801 Registered No. 55
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Hattie Henry (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl		6	Yes	June 12 1922

FATHER.

(8) FULL NAME Leon Henry

(9) PRESENT POSTOFFICE OF FATHER Centenary S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Marlboro Co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Jones

(15) PRESENT POSTOFFICE OF MOTHER Centenary S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Marlboro Co S.C.

(19) OCCUPATION Home Wife

(21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at 6 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Henry

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Centenary S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed June 24 1922 (28) ..... 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.