

## (1) PLACE OF BIRTH

County of RichlandTownship of Kangleyor  
Inc. Town of .....or  
City of Charleston

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

(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

No. 1a.—For State Registrar Only

2697

Registration District No. V.L.R.A. Registered No. 20

(For use of Local Registrar)

(2) Full Name of Child Harriet Helen Anne Henderson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 13 1922</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME James B Henderson(9) PRESENT RESIDENCE OF FATHER Warrenville, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 72  
(Year)(12) BIRTHPLACE San Antonio, Texas(13) OCCUPATION Furnace(14) Number of children born to mother, including present birth 4

## MOTHER

(15) NAME BEFORE MARRIAGE Bess Randall(16) PRESENT RESIDENCE OF MOTHER Warrenville, S.C.(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 36  
(Year)(19) BIRTHPLACE S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive ..... at 7 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. C. D. Boone

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Feb 20 1923 (28) L. W. Bradley  
Registrar 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.

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