

# (1) PLACE OF BIRTH

County of Greenville, S.C.

Township of .....

Inc. Town of .....

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

Registration District No. 22A

(No. 701 Anderson St.)

As to - For this Register

7021

Registered No. 137

(For use of Local Registrar)

Sec. .... Ward

(2) Full Name of Child William Jackson McHenry

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

3. SEX OR GENE. Boy

4. Twin or Triplet

5. Number in order of birth

6. Are Parents Married yes

7. DATE OF

BIRTH Feb. 2, 1923

Name of Month (Day) (Year)

## FATHER.

8. FULL NAME William Jackson McHenry

9. PRESENT POSTOFFICE OF FATHER Greenville, S.C.

10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 20

12. BIRTHPLACE Greenville, S.C.

13. OCCUPATION Traveling Salesman

14. Number of children born to mother, including present birth 1

## MOTHER.

15. NAME BEFORE MARRIAGE Mella Burdette

16. PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

17. COLOR OR RACE White 18. AGE AT LAST BIRTHDAY 19

19. BIRTHPLACE Greenville, S.C.

20. OCCUPATION H.W.

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 ..... at 4:50 P.M. on the date above stated. .... Hour A. M. or P. M.

(23) (Signature) J. J. Anderson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

Witness

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

Feb. 2, 1923 (26)

When there was no child born, a supplemental report should be made

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