

(1) PLACE OF BIRTH

County of Belknap

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31898

Township of

or
Inc. Town of

Registration District No. 38

Registered No. 1685
(For use of Local Registrar)

City of Columbia S.C. (No. 1302 high 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 Mary Belknap Henderson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. the 9th 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. Henderson

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

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Barnwell S.C.

(13) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Archie Clifton

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

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Windsor S.C.

(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 at 8:15 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary J. Chandler

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife 1225 Henderson St.

Given name added from a supplemental report

C. Chandler 1912
Registrar

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

(27) Filed 7/19 1912 (28)
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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MARGIN RESERVED FOR INDEXING.
FORM NO. 7-C
WHILE FILLING, WITH UNFADING INK, IN A SPACE NOT EXCEEDED.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.