

## (1) PLACE OF BIRTH

County of *Wayne*Township of *Wayne*Inc. Town of *Wayne*City of *Wayne*

(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. 11957

11957

Registration District No. *40-2*Registered No. *144*

(For use of Local Registrar)

(2) Full Name of Child *Ruth Beatrice Henderson*

(Supplemental report as directed)

(3) SEX OR CHILD *girl*

(4) Type or Name

(5) Number by order of birth

(6) Age at birth

(7) DATE OF BIRTH

(8) Name of Month

(9) Day

(10) Year

(11) Name of Month

(12) Day

(13) Year

## FATHER.

(14) FULL NAME

*G. R. Henderson*

(15) PRESENT POSTOFFICE OF FATHER

*133 Barrett St. Spartanburg S.C.*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*23*

(18) BIRTHPLACE

*SC*

(19) OCCUPATION

*Lathe mill Operator*

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

*1*

## MOTHER.

(21) NAME BEFORE MARRIAGE

*Bessie King Kendall*

(22) PRESENT POSTOFFICE OF MOTHER

*133 Barrett St. Spartanburg S.C.*

(23) COLOR OR RACE

*White*

(24) AGE AT LAST BIRTHDAY

*20*

(25) BIRTHPLACE

*SC*

(26) OCCUPATION

*Housewife*

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

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was...

*Alive*

on the date above stated.

(29) (Signature)

*W. H. Chapman*

(30) State

*SC*

Physician or Midwife

(31) Address of Physician or Midwife

*Whitney St.*

Given name added from a supplemental report

(32) Witness

(Signature of Witness necessary only when question 28 is signed by mark)

(33) Date

*5-1-23*

(34) Loc. Registrar

*Jas. C. Jones*

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes, it should be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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