

Form No. 8

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

FILE NO. For State Registrar Only

17066

Registered No.

(For use of Local Registrar.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL?

Girl

(4) Twin, Single or Triplet?

Single

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 28 1923

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Martin Henline

(9) PRESENT POSTOFFICE OF FATHER

Gaffney S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

Madison Co N.C.

(13) OCCUPATION

Cotton mill work

## MOTHER

(14) NAME BEFORE MARRIAGE

Annie Bell Baynard

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Rutherford Co N.C.

(19) OCCUPATION

Domestic

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

3

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

M. B. Woodward, M.D.

S. S. \_\_\_\_\_

Registrar

(26) Witness

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

(27) Filed

7/10

J. W. F. Smith

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 28th month of pregnancy.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
B. B.—In case of TWINS OR TRIPLETS use a SEPARATE SLAVE FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.