

WHERE PLACED, WITH WRITING INK—THIS IS A PRELIMINARY REPORT, AND MARK THE
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM EACH CHILD, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH

County of Anderson
Township of Cantonville
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
13803

Registration District No. 5183 Registered No. 64
(For use of Local Registrar)
(No. 201 St. Ward)

(2) Full Name of Child Edna May Henderson
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? ☒ (7) DATE OF BIRTH Jan 30 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>H. C. Henderson</u>	(14) NAME BEFORE MARRIAGE <u>Mayi Henderson</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Anderson, S. C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Anderson, S. C.</u>
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(12) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(12) BIRTHPLACE <u>W. Va.</u>	(18) BIRTHPLACE <u>W. Va.</u>	(14) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>Domestic</u>
(16) OCCUPATION <u>W. Va.</u>	(22) Number of children born to mother, including present birth <u>1</u>	(20) OCCUPATION <u>Domestic</u>	(22) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) 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 A. M. or P. M.)

(24) (Signature) [Signature] (25) Address of Physician or Midwife
(26) State whether Physician or Midwife

Given name added from a supplement report
.....
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Registrar

(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(29) Filed 19 (30) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.