

(1) PLACE OF BIRTH

County of Lancaster

Township of

OR
Inc. Town ofOR
City of Lancaster

(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. for State Registrar Only

21089

Registration District No. 220 Registered No. 560

(For use of Local Registrar)

(2) Full Name of Child Helma Lillian Henderson(3) BOY OR GIRL Girl (4) Type of Triplets yes (5) Number in order of birth 1 (6) Age of Parents 34 (7) DATE OF BIRTH Feb 24 1923FATHER Edward Kirkland Hudson MOTHER May I. Jones(8) PRESENT RESIDENCE OF FATHER Lancaster S.C. (9) PRESENT RESIDENCE OF MOTHER Lancaster S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 36 (12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY 34(14) BIRTHPLACE Lancaster S.C. (15) BIRTHPLACE Oconee Co. S.C.(16) OCCUPATION Self (17) OCCUPATION Housewife(18) Number of children born to mother, including present birth 4 (19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn: (Hour M. or P. M.) 5 P.)(21) (Signature) H. M. Jones (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Lancaster

Given name added from a supplementary report

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

(25) Filed July 27 1923 (26) C. E. 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 fifth month of pregnancy.

Before the fifth month of pregnancy.