

(1) PLACE OF BIRTH

County of GreenvilleTownship of Butler

Inc. Town of

City of

(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

File No.—For State Registrar Only

17784

Registration District No. 2702Registered No. 30

(For use of Local Registrar)

(2) Full Name of Child Herbert Lany Henderson

If child is not yet named, make supplemental report as directed

(3) SEX OR GALL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
<u>Male</u>	<u>known to midwife</u>	<u>1</u>	<u>Yes</u>	<u>June 25 22</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jake Noah Henderson(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Farming(14) Number of children born to father, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE May Burger(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION House-work(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 9-30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Charity Means(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

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Registrar

(25) Witness

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

(26) Filed July 2 1922 (27) T. A. Jones Local Registrar

If 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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