

(1) PLACE OF BIRTH

County of CherokeeTownship of Holstonor
Inc. Town ofor
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

30628

Registration District No. 2400 Registered No. 118

(For use of Local Registrar)

(2) Full Name of Child Mary Henderson

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 8, 1922</u>
				(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Edward Henderson(2) PRESENT POSTOFFICE OF FATHER Lenoir St(3) COLOR OR RACE col (4) AGE AT LAST BIRTHDAY 30 (Years)(5) BIRTHPLACE Cherokee Co(6) OCCUPATION Farmer(7) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Smith(15) PRESENT POSTOFFICE OF MOTHER Lenoir St(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Cherokee Co(19) OCCUPATION Housewife(20) Number of children of the mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 8 P. M.(22) (Signature) J. L. Brown(23) State whether Physician or Midwife (24) Address of Physician or Midwife Lenoir St

Given name added from a supplemental report

191

Registrar

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Sept 14, 1922 (27) H. C. Jackson 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.

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W. H. Lewis