

Form No. 1

(1) PLACE OF BIRTH

County of LucasTownship of Chio. S. E.

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

4463

Registration District No. Registered No. 6
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child George Franklin Henryson

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

3) BOY OR GIRL <u>1</u>	4) Twin or Triplet? <u>1</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Feb 15</u> 19 <u>23</u>
				(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME James Franklin Henryson9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 21 (Years)12) BIRTHPLACE S.C.13) OCCUPATION Farming20) Number of children born to mother, including present birth 11

MOTHER.

14) NAME BEFORE MARRIAGE Leatha Watford15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 16 (Years)18) BIRTHPLACE Chio S.C.19) OCCUPATION House keeping21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Florence A. Johnson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (28) 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Statistics, Columbia, S. C.