

Form No. 3

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Highland  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

(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

Registration District No. 2211

File No.—For State Registrar Only

42770Registered No. 96  
(For use of Local Registrar)

## (2) Full Name of Child

Belos Henson

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

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 4 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James Henson

(9) PRESENT POSTOFFICE OF FATHER

Campobello Rd #2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Neona Barnett

(15) PRESENT POSTOFFICE OF MOTHER

Campobello Rd #2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

40  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:00 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. E. Morrow

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Campobello Rd #2

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 9 1923

(28)

S. J. Wilson  
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.