

(1) PLACE OF BIRTH

County of PickensTownship of Castle

or

Inc. Town of Casper

or

City of Casper

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Amber S. Henderson

File No.—For State Registrar Only

36047

Registration District No. 37.2Registered No. 154
(For use of Local Registrar)(No. 4 St. Hospital Ward)

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 3(6) And Previous Marriages Yes(7) DATE OF BIRTH Oct 18 1937

To be numbered only in event of Twin or Triplet

FATHER.

(8) FULL NAME Orbit J. Henderson(9) PRESENT POSTOFFICE OF FATHER Casper, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 25
(Year)(12) BIRTHPLACE Casper, S.C.(13) OCCUPATION Textile(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Smith(15) PRESENT POSTOFFICE OF MOTHER Casper, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28
(Year)(18) BIRTHPLACE Casper, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Mrs. Mary Henderson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Casper, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "Mark")

(27) Filed 8.10.37(28) Local Registrar W. H. Wyatt

*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.