

Form No. 3

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Stephens
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

3274

Registration District No. 7.15 Registered No. 1.7.....
 (For use of Local Registrar)

(No. St. Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sinuel Lee Henderson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>3</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 18, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Lee Henderson</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)		(14) NAME BEFORE MARRIAGE <u>Lizzie Jenkins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pineville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pineville</u>	
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>	
(12) BIRTHPLACE <u>Pineville</u>			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(13) OCCUPATION <u>Farming</u>			(18) BIRTHPLACE <u>Pineville</u>	
			(19) OCCUPATION <u>Farm wife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Henderson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Henderson Pineville

Given name added from a supplemental report

(26) Witness W. L. Henderson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 22, 1922 (28) W. L. Henderson

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.