

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19527

Registration District No.

Registered No.

(For use of Local Registrar)

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

2) Full Name of Child.

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

SEX

Girl

(4) Twin or Triplet?

X

(5) Number in order of birth

9

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan. 8

1902

(Year)

FATHER.

(1) NAME BEFORE MARRIAGE

William S. Hentz

(2) PLACE OF BIRTH

Newbury S.C.

(3) COLOR OR RACE

White

(12) AGE AT LAST BIRTHDAY

42

(8) BIRTHPLACE

Newbury Co. S.C.

(9) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Lilli Brown

(15) PRESENT POSTOFFICE OF MOTHER

Newbury S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(18) BIRTHPLACE

Newbury Co. S.C.

(19) OCCUPATION

Housewife

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

9

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born at ... at ... A. M. on the date above stated.

(23) (Signature)

(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) Date

Jan. 15, 1922

(28)

R. M. Duckett

Local Registrar

When there was no attending physician or midwife, when 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 fourth month of pregnancy.