

MARCH RESERVED FOR MARRIAGE
 MARRIAGE PLANS, WITH UNPAID INC.—THIS IS A PRESENTED REPORT
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Laurens
 Township of Giles Creek
 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

35160

Registration District No. 2804

Registered No. 196
 (For use of Local Registrar)

(No. 84; Ward)

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

(2) Full Name of Child Mary Elizabeth

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

(3) BOY OR GIRL girl

(4) Twin or Triplet? No

Number in order of birth
 To be answered only in event of Twins or Triplets

(5) Are Parents Married? yes

(7) DATE OF BIRTH Oct 15 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Galvan Henderson

(9) PRESENT POSTOFFICE OF FATHER Laurens SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Newhead

(15) PRESENT POSTOFFICE OF MOTHER Laurens SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive 122 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) H. P. Hough

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Laurens SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date 11-2-22 (28) G. D. Thompson 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.

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Bureau of Columbia, Columbia, S. C.