

## (1) PLACE OF BIRTH

County of MarbleTownship of Woods

or

Inc. Town of .....

or

City of .....

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

(2) Full Name of Child Arthur Henderson

File No.—For State Registrar Only

19553

Registration District No. 3407 Registered No. 32  
(For use of Local Registrar)(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in case of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH June 11, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Rafe Henderson(9) PRESENT POSTOFFICE OF FATHER Chippahall St.(10) COLOR OR RACE W.C.(11) AGE AT LAST BIRTHDAY 35  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Hand(20) Number of children born to mother, including present birth Four

## MOTHER.

(14) NAME BEFORE MARRIAGE Jane Burton(15) PRESENT POSTOFFICE OF MOTHER Chippahall St.(16) COLOR OR RACE W.C.(17) AGE AT LAST BIRTHDAY 30  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm Hand(21) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Arthur Henderson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Chippahall St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 24, 1922 (28) W. H. H. H. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

MEDICAL DEPARTMENT, COLUMBIA, S. C.