

(1) PLACE OF BIRTH

County of RichlandTownship of Clinton

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31899

Registration District No. 282 Registered No. 1686
(For use of Local Registrar)(No. Olympia St. Ward)2) Full Name of Child Lily Mary T. Henderson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 7 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dan Henderson(9) PRESENT POSTOFFICE OF FATHER Rt 4 Calabash(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Richland County(13) OCCUPATION Farm work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Johnson(15) PRESENT POSTOFFICE OF MOTHER Rt 4 Calabash(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Richland County(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Raichel Wright(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Rt 4 Calabash

Given name added from a supplemental report

Dr. O. C. ... 191....

Registrar

(26) Witness T. Hall

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

(27) Filed 9/24/1922 (28) 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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MARGIN RESERVED FOR BINDING.

FORM NO. 7.

WITH UNFADING INK—THIS IS A PRELIMINARY REPORT. SEPARATE REPORTS FOR EACH CHILD AND MARK THE FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.

Bureau of Columbia