

13219

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

Full Name of Child Willard Walker Henderson If child is not yet named, make supplemental report as directed

(7) DATE OF BIRTH Jan, 27 1922
(Month) (Day) (Year)

(14) NAME BEFORE MARRIAGE *Marjorie Buchanan*

(10) PRESENT POSTOFFICE OF MOTHER *Naval Yard, D.C.*

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(10) BIRTHPLACE Breguella, I. C.

Monday

(21) Number of children of this mother
now living, including present birth 1-4-1-2.

hereby certify that I attended the birth of this child, who was alive as born alive or stillborn on the date above stated. (Maur. A. M. or P. M.)

(23) (Signature)
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(20) Witness
(Signature of Witness necessary only
when question 19 is signed) *[Signature]*

(27) Monday 14/01/2.2 (28) Local Register

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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