

Form No. 1

## (1) PLACE OF BIRTH

County of Berkeley  
 Township of St. Stephens  
 or  
 Inc. Town of .....

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**41088**

Registration District No. 700 Registered No. 131  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harold Hensel If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 19, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie G. Hensel  
 (9) PRESENT POSTOFFICE OF FATHER St. Stephens  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49  
 (Year)  
 (12) BIRTHPLACE St. Stephens  
 (13) OCCUPATION Saw-mill  
 (20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Augusta Lyons  
 (15) PRESENT POSTOFFICE OF MOTHER St. Stephens  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35  
 (Year)  
 (18) BIRTHPLACE Brooksville  
 (19) OCCUPATION House-wife  
 (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 alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec. 25, 22 (28) W. A. Lyle Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child has even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WHITE PLAINLY. WHEN UNFOLDING INC.—THIS IS A PERMANENT RECORD. IN CASE OF TWINNING, WHENEVER USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 8.

MACAM OF COLUMBIA, COLUMBIA, S. C.