

By Adoption

PLACE OF BIRTH

City of Charleston

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

9-A

FILE No.—For State Registrar Only

25062

Residence of

or Town of

City of Charleston

4 Ashmead Place:

(No. \_\_\_\_\_ St. \_\_\_\_\_)

Registered No. 118/116

(For use of Local Registrar)

Ward)

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

FULL NAME OF CHILD HENRY EUGENE HENDERSON

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

Sex of Child	If Fraternal Births	4. Twins, triplets or other	6. Premature	7. Are Parents	8. Date of birth
Boy		5. Number, in order of birth	Full term	Married? yes	August 6, 1922
					(Month, day, year)

FATHER

Chas. D. Henderson

743 Sunset Place, S.E.

(If non-resident, give place and State) Massillon, Ohio

Color or race white 12. Age at child's birth 38 (years)

Place (city or place) Barnhill, Ohio  
(State or country)

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Time Keeper

Industry or business in which work done, as silk mill, sawmill, bank, etc. Republic Steel Corp

Date (month and year last engaged in this work) 1922

17. Total time (years) spent in this work 16

MOTHER

18. Name before marriage

Frances Louise Henderson

19. Residence (mailing address) 743 Sunset Place, S.E.  
(If non-resident, give place and State) Massillon, Ohio

20. Color or race white 21. Age at child's birth 39 (years)

22. Birthplace (city or place) Georgetown  
(State or country) South Carolina

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work 1922

26. Total time (years) spent in this work

Number of children of this mother 1 (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

Time of birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. Cause of stillbirth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I certify that I attended the birth of this child, who was Born Alive at 12:02 A.M. on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at \_\_\_\_\_ M. on above date (Name of Prophylactic)

Hare Lip \_\_\_\_\_ Other Deformities \_\_\_\_\_ (Specify)

(Signed) Charles D. Henderson, Father.  
or Mrs. Frances Louise Henderson, Mother.

Address 743 Sunset Place, S.C. Massillon OHIO

Filed 8/9, 1922 J. H. Green, Registrar

Registrar.