

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of Ashley S.C.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 Henrietta Lheris

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 10th</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lewis Lheris(9) PRESENT POSTOFFICE OF FATHER Midland Park(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Colum's Island(13) OCCUPATION Peddler(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Azela Freeman(15) PRESENT POSTOFFICE OF MOTHER Midland Park S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Ashley S.C.(19) OCCUPATION Housewife(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 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah x Ridley(24) State whether Physician or Midwife " (25) Address of Physician or Midwife Midland Park

Given name added from a supplemental report

(26) Witness S. P. H. H. H.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 10th 19 22 (28) Mrs. J. B. Hyatt
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.