

(1) PLACE OF BIRTH

County of Durham
Township of Cleveland
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

42646

Registration District No. 22.03

Registered No. 14
(For use of Local Registrar)

(No. 22.03 St.; 14 Ward)
Institution, give name of same instead of street and number.)

(2) Full Name of Child

James McHenry

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet? one
To be answered only if

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 1, 1921
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James McHenry

(9) PRESENT POSTOFFICE OF FATHER Cleveland

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 1 (Years)

(12) BIRTHPLACE M.C.

(13) OCCUPATION Farm

MOTHER

(14) NAME BEFORE MARRIAGE Ella Wade Dwyer

(15) PRESENT POSTOFFICE OF MOTHER Cleveland

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE A.C.

(19) OCCUPATION Housewife

Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth one

CERTIFICATE ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 8:30 A.M. on the date above stated (Hour A. M. or P. M.)

(Signature) Marie Fox Cook
(whether Physician or Midwife) (25) Address of Physician or Midwife

midwife

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

(27) Filed 12/2/21 (28) Mrs. Effie Robinson Local Registrar

no attending physician or midwife, then the father, householder, etc., should make this return. It must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.