

(1) PLACE OF BIRTH

County of Greenville
 Township of Chesler

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4019

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Inc. Town of Registration District No. 2204 Registered No.
 (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 Martha Eliza Henderson If child is not yet named, make supplemental report as directed

BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (Month) (Day) (Year)

FATHER.

Full Name G. H. Henderson
 Present Residence Chesler
 Color or Race White (8) AGE AT LAST BIRTHDAY (Years) 48
 Birthplace SC
 Occupation Farmer
 Number of children born to including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marion K. K. K.
 (15) PRESENT POSTOFFICE OF MOTHER Chesler
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years) 42
 (18) BIRTHPLACE SC
 (19) OCCUPATION Farmer
 (20) 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 born alive at Chesler (Hour) 4 (M. or P. M.) on the date above stated.

(23) (Signature) G. H. Henderson (24) State whether Physician or Midwife (25) Address of Physician or Midwife Chesler

(Name added from a supplemental report)

Martha Eliza Henderson 1903
James F. Airey Registrar

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

(27) Filed 1903 (28) Chesler (29) Chesler

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.

31 before the fifth month of pregnancy.