

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Greenville

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of Chick 440

State Board of Health

or
Inc. Town of Green

Registration District No. 22-B

Registered No. 4

City of

(No.)

(For use of Local Registrar)

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

(2) Full Name of Child not named

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet? -

(5) Number in order of birth -

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 29 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME S B Henderson son

(9) PRESENT POSTOFFICE OF FATHER Greer SC

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 26

(12) BIRTHPLACE SC

(13) OCCUPATION Clerk

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Clark

(15) PRESENT POSTOFFICE OF MOTHER Greer SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 20

(18) BIRTHPLACE GA

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. J. J. J.

(24) State Whether Physician or Midwife Physician

(25) Address of Physician or Midwife Greer SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by me) J. H. White J. H.

(27) Filed 2/2/1916 (28) J. H. White Local Registrar

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

Registrar J. H. White Local Registrar J. H. White

*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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. B. No. 1 of Columbia

McCaw

File No.—For State Registrar Only

46303

FORM NO. 1 (REVISED 1915) BUREAU OF VITAL STATISTICS, STATE HEALTH DEPARTMENT, COLUMBIA, S. C.