

(1) PLACE OF BIRTH

County of Union
Township of

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

File No. — For State Registrar Only
2644

or
Inc. Town of Registration District No. 42-A Registered No. 6
(For use of Local Registrar)
City of Union (No. 5 Precinct 3 St. 3 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child 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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 19 1912</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME W. H. Henderson
(9) PRESENT POSTOFFICE OF FATHER Union SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Charleston S.C.
(13) OCCUPATION Clerk in Electric S. Office
(14) Number of children born to mother, including present birth 1 Son

MOTHER.

(14) NAME BEFORE MARRIAGE Alphe Baker
(15) PRESENT POSTOFFICE OF MOTHER Union SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Spaulding Co
(19) OCCUPATION
(20) Number of children of this mother now living, including present birth 1 Son

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Bo. Genet (Born Alive or stillborn) (Hour A. M. or P. M.) 3 30 P.
(23) (Signature) J. H. Harrison
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union SC

Given name added from a supplemental report Registrar	(26) Witness (Signature of Witness necessary only when question 21 is signed by mark) <u>J. H. Harrison</u> (27) Filed <u>2-10-1912</u> (28) <u>J. H. Harrison</u> Local Registrar
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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.

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