

(1) PLACE OF BIRTH

County of Chester

Township of

or

Inc. Town of

or

City of Chester

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41539

Registration District No. 11ARegistered No. 132

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child John Lyles Henry

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

(3) BOY OR GIRL yes(4) Twin or Triplet? no

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE

Dec. 23, 1921

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

J. Lyles Henry

(14) NAME BEFORE MARRIAGE

Sarah Lerrill

(9) PRESENT POSTOFFICE OF FATHER

Chester, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Chester, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29

(12) BIRTHPLACE

Chester Co.

(18) BIRTHPLACE

Greenville, S.C.

(13) OCCUPATION

Lumber

(19) OCCUPATION

Domestic

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

2

(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 3:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. H. W. W.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Chester, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1-41912-3(28) J. M. Lure

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.

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