

MARRIAGE RECORDS FOR BIRTHS  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw of Columbia, Columbia, S. C.

**(1) PLACE OF BIRTH**  
 County of Lancaster  
 Township of .....  
 OF  
 Inc. Town of Lancaster  
 OF  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
**35104**  
 63

Registration District No. 28A Registered No. ....  
 (For use of Local Registrar)

**(2) Full Name of Child** Henry Childers (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Sex or Temp. <u>Yes</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 15 1922</u> (Name) (Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>H. B. Childers</u>	(14) NAME BEFORE MARRIAGE <u>Mary Childers (neé)</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(12) BIRTHPLACE <u>Richland Co., S.C.</u>	(18) BIRTHPLACE <u>Richland Co., S.C.</u>		
(13) OCCUPATION <u>Wagon-Cutter m. 11</u>	(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive ..... St. 6 ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lancaster S.C.

Given name added from a supplemental report

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..... 19 .....

Registrar

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

(27) Filed 10-19-22 (28) J. L. Houseman  
 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.