

(1) PLACE OF BIRTH

County of CharlestonTownship of Summervilleor Inc. Town of SummervilleCity of Summerville

(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

39969

Registered No. 17A
(For use of Local Registrar)St. 17A Ward 17

(2) Full Name of Child

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

(a) BOY OR GIRL <u>Girl</u>	(b) Type of Twins <u>To be answered only in event of Twins or Triplets</u>	(c) Number in order of birth <u>1</u>	(d) Are Parents Married <u>Yes</u>	(e) DATE OF BIRTH <u>July 10, 1925</u> (Month) (Day) (Year)
FATHER.				MOTHER.
(f) FULL NAME <u>John L. Henderson</u>				(14) NAME BEFORE MARRIAGE <u>Mary P. B. Jones</u>
(g) PRESENT POSTOFFICE OF FATHER <u>Summerville</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(18) BIRTHPLACE <u>Summerville, S.C.</u>
(12) BIRTHPLACE <u>Summerville, S.C.</u>	(13) OCCUPATION <u>Estimator</u>	(19) OCCUPATION <u>Housewife</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour 10:00 P. M. or P. M.) on the date above stated.(23) (Signature) Dr. J. L. Henderson(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Summerville, 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 DEC 1, 1925 (28) 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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Local Registrar