

(1) PLACE OF BIRTH

County of Laurens

Township of

or
Inc. Town of Remond

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. _____ St.; _____ Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90632

Registration District No. 2903 Registered No. 62
(For use of Local Registrar)

(2) Full Name of Child Rodger W. Miller Henry If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 10 1911
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME B. H. Henry

(9) PRESENT POSTOFFICE OF FATHER Whitman, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Laurens Co., S.C.

(13) OCCUPATION Physician

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

MOTHER.

(14) NAME BEFORE MARRIAGE Annie J. McMillan

(15) PRESENT POSTOFFICE OF MOTHER Whitman, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Laurens Co., S.C.

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) C. F. Taylor, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Remond S.C.

Given name added from a supplemental report

(26) Witness P. H. C. (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 4 1912 (28) A. H. Copeland 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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Vertical text on the left margin: "This is a special blank for each child, and mark the" and "Form No. 1, 1911, Edition No. 2, etc., in question 2."