

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

File No.—For State Registrar Only
16340

(1) PLACE OF BIRTH
County of Pickens
Township of Central
OF
Inc. Town of
or
City of

Registration District No. 3704 Registered No. 38
(For use of Local Registrar)
(No. St.; Ward)

(2) Full Name of Child O. dell Henderson
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>BOY</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 2, 1922</u> (Name of Month) (Day) (Year)
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FATHER.
(8) FULL NAME Louis Henderson
(9) PRESENT POSTOFFICE OF FATHER Central S.C.
(10) COLOR OR RACE W
(11) AGE AT LAST BIRTHDAY 37
(Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Zois Alexander
(15) PRESENT POSTOFFICE OF MOTHER Central S.C.
(16) COLOR OR RACE W
(17) AGE AT LAST BIRTHDAY 24
(Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P.M. on the date above stated.
(23) (Signature) N. E. Peck (Born alive or stillborn) (Hour A. M. or P. M.)
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lexington S.C.

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
19	(27) Filed <u>May 8, 1922</u> (28) <u>N. E. Peck</u> Registrar 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.

19	(27) Filed <u>May 8, 1922</u> (28) <u>N. E. Peck</u> Registrar Local Registrar
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MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. H.—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.
McGAW OF COLUMBIA, COLUMBIA, S. C.