

(1) PLACE OF BIRTH

County of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27501

Township of

or

Inc. Town of

or

City of RiversideRegistration District No. 9.A

Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child Thomas Bentley Hendley

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

(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth

to be answered only in case of Twins or Triplets

(6) ~~Single~~
Married?(7) DATE OF
BIRTH Sept 10

(Name & Month) (Day) (Year)

FATHER.

(8) FULL
NAME Mr. T. B. Hendley(9) PRESENT
POSTOFFICE
OF FATHER Charleston SC(10) COLOR
OR
RACE white(11) AGE AT LAST
BIRTHDAY 30

(Years)

(12) BIRTHPLACE
Columbia River(13) OCCUPATION
Lieutenant in navy(20) Number of children born to
mother, including present birth2

MOTHER.

(14) NAME BEFORE
MARRIAGE Miss Sue Sheppard(15) PRESENT
POSTOFFICE
OF MOTHER Charleston SC(16) COLOR
OR
RACE white(17) AGE AT LAST
BIRTHDAY 28

(Years)

(18) BIRTHPLACE
Columbia River(19) OCCUPATION
Housewife(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive as 6 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Pham

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Physician 81 Columbia St(Given name added from a supplement-
tal report)

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Registrar

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed 10/2191 22J. Mesick
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.