

(1) PLACE OF BIRTH

County of GreenvilleTownship of WadeInc. Town of CamdenCity of Camden

(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

24600

Registration District No. 2209 Registered No. 279

(For use of Local Registrar)

(2) Full Name of Child James Earl Henderson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? BOY (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 11, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter James(9) PRESENT POSTOFFICE OF FATHER Greenville SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Anderson Co SC(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Eula Younger(15) PRESENT POSTOFFICE OF MOTHER Greenville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Greenville SC(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James E. Henderson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville SC

(Given name added from a supplemental report)

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

(27) Filed Sept 1, 1923 (28) John F. McFarlane 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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