

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston

(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

3227

317

Registration District No. 9 A

Registered No. ....

(For use of Local Registrar)

(No. 70 Haworth)

Ward

(2) Full Name of Child William S. Henderson

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

(1) BOY OR GIRL? Boy

(2) Twin or Triplet? .....

(3) Number in order of birth .....

(4) Are Parents Married? Yes(5) DATE OF BIRTH Feb 13 23

(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME William J. Henderson(7) PRESENT POSTOFFICE OF FATHER Char. S. C.(8) COLOR OR RACE White(9) AGE AT LAST BIRTHDAY 26

(Years)

(10) BIRTHPLACE S.C.(11) OCCUPATION Carpenter(12) Number of children born to mother, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(13) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn) (M. or F. M.)

(14) (Signature) J. M. Henderson(15) State whether Physician or Midwife Physician(16) Address of Physician or Midwife 145 S. C.

Given name added from a supplemental report

May 1 1923Janis S. Sirey

(17) Witness

(Signature of Witness necessary only when question 13 is signed "stillborn")

(18) Filed 2/141923

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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