

N.B.—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.

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbeville

or
Inc. Town of
or
City of Abbeville
(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
17246

Registration District No. 1 A Registered No. 60
(For use of Local Registrar)
St. Public Square Ward 2
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Willie Lee Hensley

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1
(6) Are Parents Married? Yes (7) DATE OF BIRTH June 8 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel F. Hensley
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Yancy County N.C.
(13) OCCUPATION Hotel Keeper
(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Lora Lee Odham
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Wilmington N.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:57 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report
..... 101
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 12 1922 (28) Miss Julia Wallister 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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