

(1) PLACE OF BIRTH

County of GreenvilleTownship of Groveor
Inc. Town of
orCity of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Felicia Mildred Henderson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl

(4) Twin or triplet?

(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 21 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Floyd Henderson(9) PRESENT POSTOFFICE OF FATHER Piedmont #3(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 9 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmers(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Olense Griffin(15) PRESENT POSTOFFICE OF MOTHER Piedmont #3(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) 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 Alive at 11 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. P. Hendrix

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife

Physician 46 Greenville St

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 16 1916 (28) S. T. Mims 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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File No.—For State Registrar Only

464-1

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.

Caw. of Columbia

McCaw