

(1) PLACE OF BIRTH

County of Greenville  
Township of Grove

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

46401

Inc. Town of ..... Registration District No. 2210 Registered No. 6  
(For use of Local Registrar)

City 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? <u>girl</u>	(4) Twin or Triplet? <u>      </u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan, 21</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Floyd Henderson</u>	(14) NAME BEFORE MARRIAGE <u>Otense Griffin</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Piedmont #3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont #3</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>9</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

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  
..... 191.....  
..... Registrar

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

(27) Filed Jan 16 1916 (28) S. L. 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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Form 10, 1915  
McCaw  
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