

RESIDENTS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw of Columbia.

(1) PLACE OF BIRTH

County of Spokane
Township of Beak Springs
or
Inc. Town of _____
or
City of _____

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

File No.—For State Registrar Only
87365

Registration District No. 41.000 Registered No. 147
(For use of Local Registrar)

(2) Full Name of Child Lucile Virginia Henderson } If child is not yet named, make supplemental report as directed

(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 Nov. 19, 1916
(To be answered only in case of twins or triplets) (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME J. Andrew Henderson
(9) PRESENT POSTOFFICE OF FATHER Greer N.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Belham N.C.
(13) OCCUPATION Mill work
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Betty L. Settle
(15) PRESENT POSTOFFICE OF MOTHER Greer N.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Jimmie N.C.
(19) OCCUPATION Domestic
(21) 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 alive at 6 P 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 Midwife Address of Physician or Midwife Greer N.C.

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 Nov 24 1916 (28) L.C. Moore 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.