

Form No. 10. MCGRAW HILL PUBLISHING CO. NEW YORK, N. Y. 1914.
MARGIN RESERVED FOR RETURN. THIS IS A PERMANENT RECORD.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 8.
McGraw of Columbia.

(1) PLACE OF BIRTH **COLUMBIA** **CERTIFICATE OF BIRTH** **File No. For State Registrar Only**
48438
County of **COLUMBIA** **STATE OF SOUTH CAROLINA.**
Township of **Wofford** **Bureau of Vital Statistics**
or **Wofford** **State Board of Health**
Inc. Town of **Wofford** **Registration District No. 100** **Registered No. 28**
or **Wofford** **(For use of Local Registrar)**
City of **Wofford** **(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 **Lester Paul Henderson** If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy	(4) Twin or Triplet? No <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth 1	(6) Are Parents Married Yes	(7) DATE OF BIRTH 18 6 <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME Art Kuro			(14) NAME BEFORE MARRIAGE Lillie Henderson	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER Wofford	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(12) BIRTHPLACE	(16) COLOR OR RACE white	(17) AGE AT LAST BIRTHDAY 15 <small>(Years)</small>
(13) OCCUPATION			(18) BIRTHPLACE A. C. 2	
(19) OCCUPATION			(19) OCCUPATION mill operator	
(20) Number of children born to mother, including present birth 1			(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 **born** **12:20 P.** **M.** on the date above stated. **(Born before or after noon) (Hour A. M. or P. M.)**

(23) (Signature) **Mary E. Ford**

(24) State whether Physician or Midwife **Midwife**

Given name added from a supplemental report **191**

(25) Witness **W. E. Smith**
(Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed **2/1 1914** (27) **W. E. Smith** 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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