

(1) PLACE OF BIRTH

County of WillamTownship of Horseshoeville

Inc. Town of

City of

(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

72407

Registration District No. 602 Registered No. 60

(For use of Local Registrar)

(2) Full Name of Child

James Russell Henderson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Aug 3 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Hugh Arch Henderson

(9) PRESENT POSTOFFICE OF FATHER

Little Rock SC

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

46

(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

10

MOTHER.

(14) NAME BEFORE MARRIAGE

McDover Kelly

(15) PRESENT POSTOFFICE OF MOTHER

Little Rock SC

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

46

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. H. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phys.

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 Aug 16 1916(28) H. O. Henderson

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.

MARGIN RESERVED FOR BINDING.
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 5.

McCaw, of Columbia.