

(1) PLACE OF BIRTH

County of GreenvilleTownship of Chick Springsor
Inc. Town ofCity of Greer

(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

46300

Registration District No. 22-B Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Willie May Henry { 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(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 12th 1916

Is to be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rayland Kendrick Henry(9) PRESENT POSTOFFICE OF FATHER Greer, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Greenville Co. S.C.(13) OCCUPATION Rail-road WORK -(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Wm. Francis Loftis(15) PRESENT POSTOFFICE OF MOTHER Greer, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Greenville Co. S.C.(19) OCCUPATION Domestic(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 alive at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. C. Barnett, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greer, S.C.

Given name added from a supplemental report

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

(27) Filed 1/14/16 (28) J. M. White Local Registrar

*When there was no attending physician or midwife when 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.

*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.

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.

N. B. McCaw, of Columbia.

McCaw,

WRI