

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw. of Columbia FIRST-BORN, No. 1. FROM OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Butter
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 2202 Registered No. 1014
 (For use of Local Registrar)

File No.—For State Registrar Only
42982

(2) Full Name of Child May Hendrix Christoph child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 6 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Walter L. Christoph</u>	(14) NAME BEFORE MARRIAGE <u>Luanne Hendrix</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Green S. C. Rt. #5-</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Green S. C. Rt. #5-</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)	
(12) BIRTHPLACE <u>Spartanburg Co</u>	(18) BIRTHPLACE <u>Spartanburg Co</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House Wife</u>			
(20) Number of children born to mother, including present birth <u>12</u>	(21) Number of children of this mother now living, including present birth <u>12</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was
 on the date above stated.
 (23) (Signature) A. J. McQueen, M.D.
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Green S. C. Rt. #5-

Given name added from a supplemental report
June 8, 1916
Greenville
City Registrar
 (26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 2, 1916 (28) J. Jones Local Registrar

*When there was no attending physician or midwife, then the father, possessor, or whoever makes the return of 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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K O D A K