

ALL RIGHTS RESERVED FOR BINDING.

County of Alameda

Township of Waukegan .....

Inc. Town of .....

of Asheville

City of .....  
(If birth occurs in a hospital or other institution, give name of institution.)

(2) Full Name of Child.....

STATE OF SOUTH CAROLINA.

**Bureau of Vital Statistics**

## State Board of Health

Registration District No. .... 1A

File No. — For State Registrar Only

**36865**

Registered No. 114  
(For use of Local Registrar)

(For use of Local Helstrat)

..... St.; ... 3 ..... Ward)  
(instead of street and number.)

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

(3) BOY OR GIRL? *28*

(4) Twin or Triplet?

(5)	Number in order of birth
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(6) Are Parents Married? *y*

(7) DATE OF BIRTH Nov. 10, 1923  
(Name of Month) (Day) (Year)

# FATHER.

(8) FULL NAME Sam W. McHenry

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.

(10) COLOR OR White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE  
Aurora Mo. S. C.

(c) OCCUPATION: Col 1st Lt

15) Number of children born to mother, including present birth

# NOTHING

(14) NAME BEFORE MARRIAGE *Alvin Kille Warren*

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE *Albany, N.Y. - G.C.*

(19) OCCUPATION *Housewife*

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was Born alive at St. Louis, Mo.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Handwritten Signature]*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(37) Filed Nov 16 1922. (2) Miss Julia H. Elliott  
Local Registrar

Registra

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

**before the fifth month of pregnancy.**