

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Groveor  
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. 2210 Registered No. 42  
(For use of Local Registrar) St.: ..... Ward: .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. For State Registrar Only

64583

(2) Full Name of Child Jeweva Henderson } If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Girl (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 June 4, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Aue Henderson(9) PRESENT POSTOFFICE OF FATHER Piedmont(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Huff(15) PRESENT POSTOFFICE OF MOTHER Piedmont(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nelle P. Brown

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

Midwife Piedmont

Given name added from a supplemental report

(26) Witness Aue Henderson  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 8, 1916 (28) S. A. Mims  
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.

MARK IN RED INK. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw of Columbia.