

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.

Form No. 1.

(1) PLACE OF BIRTH

County of Marion STATE OF SOUTH CAROLINA.  
 Township of Marion Bureau of Vital Statistics  
 or Inc. Town of ..... Registration District No. 3203 Board of Health  
 or City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only

73856

(2) Full Name of Child Arthur M. Henderson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>BOY</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug 26</u> <small>(Name of Month) (Day) 191 (Year)</small>
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FATHER.

(8) FULL NAME Obe Smith

(9) PRESENT POSTOFFICE OF FATHER Marion RFD

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 48 (Years)

(12) BIRTHPLACE Marion Co

(13) OCCUPATION farming

(20) Number of children born to mother, including present birth { 6 }

MOTHER.

(14) NAME BEFORE MARRIAGE Anna M. Henderson

(15) PRESENT POSTOFFICE OF MOTHER Marion RFD

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Marion Co

(19) OCCUPATION House wife

(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 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Josephine X. Moore

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

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed Aug 27 1916 (28) Local Registrar

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