

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
64653

Registration District No. 2304 Registered No. 92
(For use of Registrar)
St.; Ward

(2) Full Name of Child Emily Henderson } 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 (6) Are Parents Married? ye (7) DATE OF BIRTH June 26 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME M Henderson
(9) PRESENT POSTOFFICE OF FATHER Greenville SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Abbeville Co. SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Mazelle Norman
(15) PRESENT POSTOFFICE OF MOTHER Greenville SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Greenville Co SC
(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 at 2 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) John Green
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 10 1916 (28) S. B. Burby 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.
Registrar J. E. 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.

WRITED PLAINLY. WITH NECESSARY SPACES. 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 2.