

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. FROM OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Butts
 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.)

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

File No.—For State Registrar Only
42981

Registration District No. 2202 Registered No. 105
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <small>to be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 10, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Clyde Henderson</u>		(14) NAME BEFORE MARRIAGE <u>Lida Ross</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Simpsonville 9 C. H. #1</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville 9 C. H. #1</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Greenville C. O.</u>		(18) BIRTHPLACE <u>Greenville C. O.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2¹⁵ P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. F. McGowan M. D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife
Greenville C. O. #5

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 Jan. 8, 1916 (28) W. C. Jones
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, or other person should make this report as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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