

Form No. 1.

(1) PLACE OF BIRTH

County of *Laurens*

Township of *Dial's*

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

86339

Registration District No. *29* Registered No. *24*
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Sarah Ruth Henry* 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 *5* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Oct. 7, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Medus Henry*

(9) PRESENT POSTOFFICE OF FATHER *Fountain Inn, S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *31* (Years)

(12) BIRTHPLACE *Laurens Co. S.C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Josie Ballard*

(15) PRESENT POSTOFFICE OF MOTHER *Fountain Inn, S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *33* (Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *House wife*

(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Thos. B. Duekett*

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

Physician Fountain Inn, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed *Dec 6* 1916 (28) 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.

McCauley, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.