

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town of

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

64135

Registration District No. 17A Registered No. 351
(For use of Local Registrar)(2) Full Name of Child L. Eaton Henderson } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? No
to be answered only in case of Twins or Triplets(5) Number in order of birth 1st(6) Are Parents Married? No(7) DATE OF BIRTH June 17, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME illegitimate(9) PRESENT POSTOFFICE OF FATHER Don't know(10) COLOR OR RACE -(11) AGE AT LAST BIRTHDAY -
(Years)(12) BIRTHPLACE don't know(13) OCCUPATION don't know(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Henderson(15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Yorkchester & Summerville S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 8 A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Margaret Henderson

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

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 June 17, 1916(28) L. M. Henderson

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.

* MARKING RECEIVED FOR BINDING.
 WALTER PLAINES, 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.