

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.

## (1) PLACE OF BIRTH

County of

Laurens S.C.

Township of

Laurens

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.)

Registration District No. 2904 Registered No. 112

(For use of Local Registrar)

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

(3) BOY OR  
GIRL? girl(4) Twin  
or Triplet?

To be answered only in event of twins or triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH June 3, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME

Cland Henderson

(9) PRESENT  
POSTOFFICE  
OF FATHER

Gray Court S.C.

(10) COLOR  
OR  
RACE Col.(11) AGE AT LAST  
BIRTHDAY26  
(Years)

(12) BIRTHPLACE

Laurens S.C.

(13) OCCUPATION

Farming

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

{ 4 }

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Lucy Birks

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Gray Court

(16) COLOR  
OR  
RACE Col.(17) AGE AT LAST  
BIRTHDAY 24  
(Years)

(18) BIRTHPLACE

Laurens S.C.

(19) OCCUPATION

Farming

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

{ 4 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Midwife Sallie Athercroub

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

R. F. D. No. 3, Box 101, Gray Court S.C.

Given name added from a supplement-  
al report

(26) Witness

Matilda Wofford

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

(27) Filed

Sept 6, 1916

(28)

L. E. Bishop

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.