

Form No. 1.

(1) PLACE OF BIRTH

County of Florence

Township of M. P. William

or Inc. Town of Elfingham

City of Elfingham (No. 2011)
(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
46233

(2) Full Name of Child. Julia Luberta Henigan ... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 11 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Henigan

(9) PRESENT POSTOFFICE OF FATHER Elfingham

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Florence

(13) OCCUPATION Farm

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

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Coward

(15) PRESENT POSTOFFICE OF MOTHER Elfingham

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Farmington

(19) OCCUPATION House Wife

(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 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura T. Toward (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Elfingham

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 1/13 1915 (28) [Signature] 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. 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.