

MAILED 10-15-1916
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.

(1) PLACE OF BIRTH
County of Columbia
Township of Honea Falls
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
84283

Registration District No. 307 Registered No. 157
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Loie Helonia Herndon 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 28 1916
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Fred Herndon</u>	(14) NAME BEFORE MARRIAGE <u>Mary Acotry</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Honea Falls S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Honea Falls S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Greenville S.C.</u>	(18) BIRTHPLACE <u>Greenville S.C.</u>	(13) OCCUPATION <u>U. S. Army</u>	(19) OCCUPATION <u>Domestic Thrift</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:45 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Williams
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Honea Falls S.C.

Given name added from a supplemental report
.....
.....
.....
19

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

(27) Filed Nov 30 1916 (28) J. Williams
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.

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H. W. Seawright