

MAILED IN CAROLINA REGISTERED BIRTHS. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHERS, NO. 2, ETC., IN QUESTION 5. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHERS, NO. 2, ETC., IN QUESTION 5. OFFICE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Columbia  
Township of Honea Falls  
or  
Inc. Town of.....  
or  
City of.....

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)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lovie Felonia 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  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred Herndon  
(9) PRESENT POSTOFFICE OF FATHER Honea Falls S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Greenville S.C.  
(13) OCCUPATION U. S. Army

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Acotry  
(15) PRESENT POSTOFFICE OF MOTHER Honea Falls S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE Greenville S.C.  
(19) OCCUPATION Domestic Thrift  
(20) Number of children born to mother, including present birth 2  
(21) Number of children of this mother now living, including present birth 2

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

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

(27) Filled 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