

## (1) PLACE OF BIRTH

County of GreeneTownship of SenecaOR  
Inc. Town of EdinburgOR  
City of Edinburg

(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

49987

Registration District No. 25A Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Maggie Henderson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 11</u> <u>1916</u>
				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Taylor H. Henderson(9) PRESENT POSTOFFICE OF FATHER Clemson College S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Pickens Co(13) OCCUPATION Dairyman(20) Number of children born to mother, including present birth Six

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Bryant(15) PRESENT POSTOFFICE OF MOTHER Clemson College(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born Alive 5-45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert S. Day

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

Physician Pendleton S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1/14 1916 (28) A. 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.

MARGIN RESERVED FOR BINDING.

WHITE 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