

McCRAW of Columbia, S.C. SEPARATE BLANKS for each child, and mark the FIRSTBORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Dorchester **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of Lanier  
 OR  
 Inc. Town of ..... Registration District No. 1504 Registered No. 152  
 OR  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**85230**

(2) Full Name of Child ..... { 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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 23, 1916</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Kesler O. Henderson</u>		(14) NAME BEFORE MARRIAGE <u>Eva Hulston</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lanier R 2</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Lanier R 2</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>New Lanier</u>		(18) BIRTHPLACE <u>New Lanier</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was alive at ..... 11:30 P. M.,  
 on the date above stated. (Hour A. M. or P. M.)  
 (23) (Signature) [Signature]  
 (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife .....

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 Dec 9, 1916 (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.

Registrar ..... Local Registrar.....  
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