

(1) PLACE OF BIRTH

County of DorchesterTownship of Roger

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

72499

Registration District No. 1705 Registered No. 58

(For use of Local Registrar)

(2) Full Name of Child Lillie 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> <small>To be answered only in event of Twin or Triplets</small>	(5) Number in order of birth <u>500</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 10, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Nathan Henderson(9) PRESENT POSTOFFICE OF FATHER Reesville SC(10) COLOR OR RACE Wepo (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Dorchester SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Phillips(15) PRESENT POSTOFFICE OF MOTHER Reesville SC(16) COLOR OR RACE Wepo (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Dorchester SC(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Jane Jenkins

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

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness J. A. Hill
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 16, 1916 (28) N. M. Weston 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.

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.