

FORM NO. 1.

(1) PLACE OF BIRTH

County of *Cherokee*Township of *Landford*Inc. Town of *or*City of *or*(If birth occurs *Cherokee* or *or* 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

45765

Registration District No. *1108* Registered No. *71*
(For use of Local Registrar)City of *or* St.; *or* Ward
(If birth occurs *Cherokee* or *or* institution, give name of same instead of street and number.)

(2) Full Name of Child

Boyd McHenry

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Van McHenry

(9) PRESENT POSTOFFICE OF FATHER

Thaw

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

19
(Years)

(12) BIRTHPLACE

Cherokee Co

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Haley Judson

(15) PRESENT POSTOFFICE OF MOTHER

Thaw

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

15
(Years)

(18) BIRTHPLACE

Cherokee Co

(19) OCCUPATION

✓

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *2 P* at *2 P* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

F. B. Hall M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Fort Leno St

Given name added from a supplemental report

June 28 191*6**F. B. Hall*
Registrar

(26) Witness

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

(27) Filed

9/15/16

(28)

J. L. McHenry
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.

MAILED 10-10-16

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.