

FORM NO. 1.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of Landonford  
 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  
**45765**

Registration District No. 1105 Registered No. 71  
 (For use of Local Registrar)  
 St.; ..... Ward)  
 (If birth occurs at home or in institution, give name of same instead of street and number.)

(2) Full Name of Child Boy McHenry { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?  BOY  GIRL  
 (4) Twin or Triplet?  Yes  No  
To be answered only in case of twins or triplets  
 (5) Number in order of birth .....  
 (6) Are Parents Married? No  
 (7) DATE OF BIRTH Jan 24 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Van McHenry  
 (9) PRESENT POSTOFFICE OF FATHER Thorn  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 19  
(Years)  
 (12) BIRTHPLACE Charleston  
 (13) OCCUPATION Farm  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Haley Judson  
 (15) PRESENT POSTOFFICE OF MOTHER Thorn  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 15  
(Years)  
 (18) BIRTHPLACE Charleston  
 (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 ..... at ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) F. B. Hill M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Fort Lawn S.C.

Given name added from a supplemental report  
June 28 1916  
F. B. Hill  
 Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by parent)  
 (27) Filed 9/15/16 1916 (28) F. 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.

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.