

(1) PLACE OF BIRTH

County of Anderson...

Township of

Inc. Town of

City of Anderson...

(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 HealthRegistration District No. 3ARegistered No. 34400
(For use of Local Registrar)(2) Full Name of Child Freddie Lee Robin McHenry(3) SEX girl (4) Type or Figure To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Age yes (7) DATE OF BIRTH 9-28-23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hickey C. McHenry(9) PRESENT RESIDENCE OF FATHER Anderson, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Cable(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Rebecca Queen(16) PRESENT RESIDENCE OF MOTHER Anderson, S.C.(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 23
(Year)(19) BIRTHPLACE S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive 12:15 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Freddie Lee Robin McHenry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is stated) CRAPTON,(27) Filed 19 (28) ANDERSON, S.C.

*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. 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 2.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

FORM No. 1