

(1) PLACE OF BIRTH

County of MuronTownship of Muronor Inc. Town of Ek Millsor City of Muron

(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

92054

Registration District No. 42-A Registered No. 187

(For use of Local Registrar)

(2) Full Name of Child Melba Elizabeth Henderson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 10</u> 191 <u>6</u>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	

FATHER.

(8) FULL NAME George Henderson(9) PRESENT POSTOFFICE OF FATHER Muron SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Modern Cong(13) OCCUPATION mill work(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Willard(15) PRESENT POSTOFFICE OF MOTHER Muron SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Muron Co SC(19) OCCUPATION mill work(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Pope

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

Physician Muron SC

Given name added from a supplemental report

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

(27) Filed Dec 16 1916 (28) S. G. Sarraff

Registrar 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.

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