

(1) PLACE OF BIRTH  
 County of **Spartanburg**  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. **40-a**  
 or  
 City of **Spartanburg** (No. .... St.; .... Ward)  
 (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  
**50393**

(2) Full Name of Child ..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Girl** (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Febry 9, 16**  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME **Dave Henderson**  
 (9) PRESENT POSTOFFICE OF FATHER **Spartanburg, S.C.**  
 (10) COLOR OR RACE **W.** (11) AGE AT LAST BIRTHDAY **51** (Years)  
 (12) BIRTHPLACE **S.C.**  
 (13) OCCUPATION .....  
 (20) Number of children born to mother, including present birth ..... **5**

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE **Pauline Lendermann**  
 (15) PRESENT POSTOFFICE OF MOTHER **Spartanburg, S.C.**  
 (16) COLOR OR RACE **W.** (17) AGE AT LAST BIRTHDAY **32** (Years)  
 (18) BIRTHPLACE **S.C.**  
 (19) OCCUPATION **House-wife**  
 (21) Number of children of this mother now living, including present birth ..... **4**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was **Alive** .... at **5.30 A.M.** .... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) **O. K. Leonard M. D.**  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife **Spartanburg, S. C.**

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed **Feb 1 1916** (28) **Jas Cooper** 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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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.

WATER TIGHTLY WITH ONE CORNER AND THIS IS A PRECAUTION TO BE TAKEN

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