

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.

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of .....  
or  
Inc. Town of ..... Registration District No. 40-a Registered No. 58  
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.)

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 Feb 9, 18  
(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 31 (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 Physician (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 11 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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