

Form No. 10.  
 MAILED IN REVERSE SIDE BEHIND G.  
 WAITED PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child. Do not mark the  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No. For State Registrar Only  
**64072**

(1) PLACE OF BIRTH  
 County of Dillon  
 Township of Hillsboro  
 or  
 Inc. Town of \_\_\_\_\_ Registration District No. 1603 Registered No. 82  
 (For use of Local Registrar)  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Maggie Henning { 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 Parent Married? yes (7) DATE OF BIRTH Jun 27 1916  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Andrew J. Henning  
 (9) PRESENT POSTOFFICE OF FATHER Dillon S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 4

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Mary J. Allen  
 (15) PRESENT POSTOFFICE OF MOTHER Dillon S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (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 born alive \_\_\_\_\_ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Andrew J. Henning  
 (24) State whether Physician or Midwife father (25) Address of Physician or Midwife Dillon 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 July 11 1916 (28) N. N. Deersfield 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.

fifth month of pregnancy.