

File No.—For State Registrar Only  
66515

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

(1) PLACE OF BIRTH

County of Marion  
Township of W. H.  
OR  
Inc. Town of.....  
OR  
City of.....

Registration District No. 4202 Registered No. 22  
(For use of Local Registrar)  
(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 John Henderson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 2, 1916  
(Name of Month) (Day) (Year)  
To be answered only in event of Twins or Triplets

**FATHER.**

(8) FULL NAME Robert Henderson  
(9) PRESENT POSTOFFICE OF FATHER Winterville S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Marion Co.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ellie Luckett  
(15) PRESENT POSTOFFICE OF MOTHER Winterville  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Marion Co.  
(19) OCCUPATION Farmer  
(20) 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 at Winterville S.C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cecilia Luckett (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Winterville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 5, 1916 (28) J. L. Mobley 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.

MARGIN RESERVED FOR REMARKS. THIS IS A PRELIMINARY REPORT. IF THE CHILD IS A TWIN OR TRIPLET, AND IF THE CHILD IS A FIRST-BORN, NO 1. THE OTHER, NO 2, ETC. IN QUESTION 8. WRITE PLAINLY, WITH INK, IN BLOCK LETTERS. SEPARATE BLANK FOR EACH CHILD, AND MARK THE N IN CASE OF TWINS OR TRIPLETS. IN CASE OF FIRST-BORN, NO 1. THE OTHER, NO 2, ETC. IN QUESTION 8. BECAUSE OF COLUMBIA, COLUMBIA, S. C.