

Form No. 1

## (1) PLACE OF BIRTH

County of Guinnville  
Township of Groveor  
Inc. Town of .....  
or  
City of .....

(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

15531

Registration District No. 2260Registered No. 11

(For use of Local Registrar)

St.: ..... Ward)

(2) Full Name of Child Cecil Henderson

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

To be answered only in event of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 15<sup>th</sup>

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Benjamin Franklin Henderson(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Guinnville Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Leslie(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Guinnville Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Guinnville on the date above stated. (Born alive or stillborn) (Hour & M. of P. M.)(23) (Signature) W. L. Williams, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Piedmont S.C.

Given name added from a supplemental report

James G. 1916  
Chenault  
Super Registrar

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

(27) Filed Feb. 27, 1916 (28) S. A. Minner 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
No. 1.—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 3.  
McClaw of Columbia.