

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.

MOBAY OF COLUMBIA, COLOMBIA, S. C.

(1) PLACE OF BIRTH

County of Jefferson  
Township of Jefferson  
or  
Inc. Town of.....  
or  
City of.....

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

File No.—For State Registrar Only

16377

Registration District No. 3707 Registered No. 13  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Helen F. Hendrix

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 14 22  
(Name of Month) (Year)

FATHER.

8) FULL NAME George P. Hendrix  
9) PRESENT POSTOFFICE OF FATHER Central No 2  
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
12) BIRTHPLACE Anderson  
13) OCCUPATION Farmer  
20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie M. Garrett  
(15) PRESENT POSTOFFICE OF MOTHER Central #2  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Pickens Co.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.....at.....M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs Emma Mark  
(24) State whether Physician or Midwife ✓ (25) Address of Physician or Midwife Central #2

Given name added from a supplemental report

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

(27) Filed May 31 1922 (28) J. M. Smith 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.