

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Reich Spring  
 or  
 Inc. Town of Crestline  
 or  
 City of Greenville

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

File No.—For State Registration

50448

Registration District No. 40000 Registered No. 35  
 (For use of Local Registrar)

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

(2) Full Name of Child Carl Lewis Mendenhall { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 25, 1943  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Edie Mendenhall  
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)  
 (12) BIRTHPLACE No. Carolina  
 (13) OCCUPATION mill Operative  
 (20) Number of children born to mother, including present birth Eight (8)

MOTHER  
 (14) NAME BEFORE MARRIAGE Walter Barnes  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)  
 (18) BIRTHPLACE Jackson Co. N. C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth (6) Six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:00 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Brown(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Wellford S.C.

Given name added from a supplemental report

12/8/43 191...  
L. A. Riser M.D. Registrar

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

(27) Filed Mar 10 191... (28) J. D. Brown 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.

REGISTRAR

LOCAL REGISTRAR

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