

## (1) PLACE OF BIRTH

County of Oconee  
 Township of Koonce  
 or  
 Inc. Town of .....

# CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

35804

Registration District No. B512Registered No. 79  
(For use of Local Registrar)

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 Luider Dendy 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 78 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 14, 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME George Dendy  
 (9) PRESENT POSTOFFICE OF FATHER Seneca SC  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Year)  
 (12) BIRTHPLACE Oconee Co SC  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Genie Washington  
 (15) PRESENT POSTOFFICE OF MOTHER Seneca SC  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Year)  
 (18) BIRTHPLACE Oconee Co SC  
 (19) OCCUPATION housewife  
 (21) Number of children of this mother living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child born alive at 6 a. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) M. Benson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife West Union SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 14, 1922 (28) Samuel 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.