

(1) PLACE OF BIRTH

County of Lexington
 Township of Hollow Creek

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
46859

Inc. Town of Registration District No. 31.0.8 ... Registered No. 3
 (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. Wesley Hendrix ... } 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 24 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Solomon Hendrix
 (9) PRESENT POSTOFFICE OF FATHER Delmar
 (10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE Waggie Summers
 (15) PRESENT POSTOFFICE OF MOTHER Delmar
 (16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Riley
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gilbert S.C.

Given name added from a supplemental report

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

(27) Filed June 11 1916 (28) T. H. Shuck 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.

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Form 10-10
 WHITE 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.

McCaw, of Columbia