

1. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland  
Township of .....  
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  
42247

Registration District No. 1906 Registered No. 105  
(For use of Local Registrar)

(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 James Kendy

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 ..... (6) Are Parents Married? no (7) DATE OF BIRTH dec 11 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Kendy  
(9) PRESENT POSTOFFICE OF FATHER Winnboro Sc  
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY ..... (Years) 23  
(12) BIRTHPLACE Fairfield Sc  
(13) OCCUPATION farming  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Albia Elgia  
(15) PRESENT POSTOFFICE OF MOTHER Winnboro Sc  
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY ..... (Years) 16  
(18) BIRTHPLACE Fairfield Sc  
(19) OCCUPATION farming  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

name, Arkford

(26) Witness

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

(27) Filed 12/20 1922

(28) L. E. Holm 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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