

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.

(1) PLACE OF BIRTH

County of York
Township of Bethel
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

20497

Registration District No. 44.0.0. Registered No. 17
(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 Odell Kendrick If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 19, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Grier Kendrick
(9) PRESENT POSTOFFICE OF FATHER Plowen, S. C. R. #2
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 42
(12) BIRTHPLACE York Co. S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Pena Adams
(15) PRESENT POSTOFFICE OF MOTHER Plowen, S. C. R. #2
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 41
(18) BIRTHPLACE York Co. S. C.
(19) OCCUPATION house wife
(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 alive at 3 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Odell Kendrick
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Plowen, S. C. R. #2

Given name added from a supplemental report
..... 19
..... Registrar
(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 10, 1922 (28) Odell Kendrick 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.