

## (1) PLACE OF BIRTH

County of Anderson  
Township of Pendleton

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16718

Inc. Town of  
OFRegistration District No. 315Registered No. 40

(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

James Pendleton

If child is not yet named, make supplemental report as directed

(3) BOY OR  
GIRL? girl(4) Sex (M or F) girl(5) Number in  
order of birth II(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTHJan 5 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMERobert Lee Hurey(9) PRESENT  
POSTOFFICE  
OF FATHERPendleton S.C. R#3(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 41

(Years)

(12) BIRTHPLACE

Deer Co. S.C.

(13) OCCUPATION

Farmer(14) Number of children born to  
mother, including present birth8

## MOTHER.

(14) NAME BEFORE  
MARRIAGELena Cornelia Hurey(15) PRESENT  
POSTOFFICE  
OF MOTHERAnderson S.C. R#3(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 39

(Years)

(18) BIRTHPLACE

Deer Co. S.C.

(19) OCCUPATION

Housewife(20) Number of children of this mother  
now living, including present birth8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 12 50 A.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

PhysicianAnderson S.C.Given name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

July 1923

(28)

H. L. H. H. H.

Local Registrar

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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