

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 Greenville STATE OF SOUTH CAROLINA.
Township of Chick Spring Bureau of Vital Statistics
OR
Inc. Town of _____ State Board of Health
OR
City of _____ Registration District No. 104 Registered No. 111
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

(2) Full Name of Child Georg Thomas If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>✓</u>	(5) Number in order of birth <u>10th</u>	(6) Are Parents Married? <u>✓</u>	(7) DATE OF BIRTH <u>Oct 19 1905</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Geo. W. Hendrix</u>			(14) NAME BEFORE MARRIAGE <u>Maggie McElrath</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Green Rth 4 1/2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Green Rth 4 1/2</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(12) BIRTHPLACE <u>Moore S.C.</u>			(18) BIRTHPLACE <u>Greenville S.C.</u>	
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>domestic</u>	
(20) Number of children born to mother, including present birth <u>Ten</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:45 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. L. Brockman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report 191..... Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Jan 1 1916</u> (28) <u>Local Registrar</u>
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*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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