

## (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

32716

Registration District No. 4400 Registered No. 42

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 St. .... Ward .....

(2) Full Name of Child Mable Kendrick { 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? Yes (7) DATE OF BIRTH Sept. 24, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Green Kendrick  
 (9) PRESENT POSTOFFICE OF FATHER Plow S. C. R. #2  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37  
 (Years)  
 (12) BIRTHPLACE York Co. S.C.  
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Katie Thomason  
 (15) PRESENT POSTOFFICE OF MOTHER Plow S. C. R. #2  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 37  
 (Years)  
 (18) BIRTHPLACE Chester Co. S.C.  
 (19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 ..... A. .... M. ....  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Jane Moore

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

Midwife Plow, S. C. R. #2

Given name added from a supplemental report

(26) Witness Green Kendrick  
 (Signature of Witness necessary only when question 23 is signed by mother)(27) Filed Oct. 2, 1922 (28) C. E. Ford  
 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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