

(1) PLACE OF BIRTH

County of Leflore
 Township of Hollow Creek
 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

8360

Registration District No. 3108 Registered No. 12
 (For use of Local Registrar)

(No. Cook 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 Hendrix (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? No (7) DATE OF BIRTH Feb. 2, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Hendrix
 (9) PRESENT POSTOFFICE OF FATHER Holbert S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY about 26
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Cook
 (15) PRESENT POSTOFFICE OF MOTHER Leflore S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (20) 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 alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fred L. Ligon
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Holbert S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Apr. 1, 1922 (28) F. H. Shultz 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.