

(1) PLACE OF BIRTH

County of LexingtonTownship of P. 3. D.Inc. Town of P. 3. D.City of Durham

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

14931

Registration District No. 3105 Registered No. 34

(For use of Local Registrar)

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

2) Full Name of Child Herbert Earlson 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 1

To be answered only in case of twins or triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH 3 9 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Hendrix(9) PRESENT POSTOFFICE OF FATHER Brookland R. 2(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Three

MOTHER.

(15) NAME BEFORE MARRIAGE Lizzie Brown(16) PRESENT POSTOFFICE OF MOTHER Brookland S.C.(17) COLOR OR RACE N. (18) AGE AT LAST BIRTHDAY 28 (Years)(19) BIRTHPLACE S.C.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Hour A. M. or P. M.) 10 a.(23) (Signature) J. S. Hendrix M.D.

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

Given name added from a supplemental report

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

(27) Filed 4/8/23 (28) J. A. Lybrand 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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