

(1) PLACE OF BIRTH

County of SumterTownship of Stateburgor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74960

Registration District No. 409 Registered No. 75

(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 12, 1916</u> (Name of Month) (Day) (Year)
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(8) FULL NAME <u>Engine Kendrick</u>		(14) NAME BEFORE MARRIAGE <u>Annie Derrin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rembert S.C.R3</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Rembert S.C.R3</u>	

(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
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(12) BIRTHPLACE <u>Sumter Co.</u>	(18) BIRTHPLACE <u>Sumter Co.</u>
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(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>
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(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:15 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louise Sander(24) State whether Physician or Midwife Midwife Address of Physician or Midwife: Rembert S.C.R3

Given name added from a supplemental report

(26) Witness Benjamin Sander
(Signature of witness necessary only when question 23 is signed by mark)(27) Filed Aug 21, 1916 (28) Benjamin Sander 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.

MARGIN RESERVED FOR BINDING.

WRITE IN INK, 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.

McCauley, of Columbia.