

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Oconee  
Township of Center  
or  
Inc. Town of .....  
or  
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  
23326

Registration District No. 9500

Registered No. 9999  
(For use of Local Registrar)

(2) Full Name of Child unnamed Fendley

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 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 6, 1922  
(To be answered only in case of Twins or Triplets) (N of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Harrison Fendley  
(9) PRESENT POSTOFFICE OF FATHER Westminster  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Sarah Lee Craig  
(15) PRESENT POSTOFFICE OF MOTHER Westminster  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION House Wife  
(21) 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 3:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Strickland  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Westminster

Given name added from a supplemental report  
....., 191....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) A. P. Martin  
(27) Filed July 20, 1922 (28) 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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