

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Gantt

OR  
 Inc. Town of .....

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

56075

Registration District No. 2207 Registered No. 5  
 (For use of Local Registrar)

## (2) Full Name of Child

(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 Apr. 22, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME E. Barnwell Hendrix

(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 53  
 (Years)

(12) BIRTHPLACE Spartanburg Co. S.C.

(13) OCCUPATION Physician (m)

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Williamson

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 46  
 (Years)

(18) BIRTHPLACE Greenville 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 9:15 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. B. Hendrix

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C. R 6  
M.D.

Given name added from a supplemental report

..... 191.....

.....  
 Registrar

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

(27) Filed May 9, 1916 (28) E. B. Hendrix 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.

STAMPED RETURN WITH PAYING INK—THIS IS A PERMANENT RECORD.  
 M. R.—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.