

## (1) PLACE OF BIRTH

County of Union  
 Township of Union  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... Ward)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 10.—For State Registrar Only

5410

Registration District No. 4207 Registered No. 12  
 (For use of Local Registrar)

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

(2) Full Name of Child Sarah Eugenia Kendrick (Child is not yet named, make supplemental report as directed)

(3) SEX Girl (4) Twin or Triplet no (5) Number in order of birth 1 (6) Age yes (7) DATE OF BIRTH Feb. 11, 1923  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME John W Kendrick MOTHER. (14) NAME BEFORE MARRIAGE Clarice Willard

(9) PRESENT POSTOFFICE OF FATHER Union S C R #4 (15) PRESENT POSTOFFICE OF MOTHER Union S C R #4

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18  
 (Year) (Year)

(12) BIRTHPLACE Cherokee Co GA (18) BIRTHPLACE Union Co SC

(13) OCCUPATION Farming (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (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 born alive at 10:55 A. M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. G. Sarrott(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Union SC

(Given name added from a supplemental report)

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

(27) Filed B-10 1923 (28) D. G. Sarrott Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK IT FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 1.  
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.