

## (1) PLACE OF BIRTH

County of ChesterfieldTownship of Kingsland

or

Inc. Town of

or

City of King

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

Registration District No. 1240 Registered No. 19  
(For use of Local Registrar)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45838

## (2) Full Name of Child

Miss Martha Hendricks If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 28 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Daniel T. Hendricks

(9) PRESENT POSTOFFICE OF FATHER

Kingland, S. C.

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 35  
(Years)

(12) BIRTHPLACE

Anson County N. C.

(13) OCCUPATION

Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Dora Halden

(15) PRESENT POSTOFFICE OF MOTHER

Kingland S. C.

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 34  
(Years)

(18) BIRTHPLACE

Union County N. C.

(19) OCCUPATION

House-keeping(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 1 P. M. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. Duncan(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Kingland S. C.

Given name added from a supplemental report

9/16 1916Thos. Duncan  
Duncan  
Registrar

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

(27) Filed 1916 (28) J. E. Coato  
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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