

(1) PLACE OF BIRTH

County of Christ Church

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

41641

Registration District No. 1202Registered No. 71
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child

Eltha Jane

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Dec 18 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Claton Hendrix

(9) PRESENT POSTOFFICE OF FATHER

Patrick

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32
(Years)

(12) BIRTHPLACE

North Carolina

(13) OCCUPATION

Lane

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Worlean Caudshaw

(15) PRESENT POSTOFFICE OF MOTHER

Patrick

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30
(Years)

(18) BIRTHPLACE

Ward Hill

(19) OCCUPATION

Lane

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte S. Nathan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 9, 1924(28) J. L. Davis

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.