

(1) PLACE OF BIRTH
 County of Sumter
 Township of Stateburg
 or
 Inc. Town of ..
 or
 City of .. (No. St.; Ward)
 (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
87674

Registration District No. 4109 Registered No. 107
 (For use of Local Registrar)

(2) Full Name of Child Rosa Bell Kendrick } 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 Nov 17 1914
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Phillip H. Kendrick
 (9) PRESENT POSTOFFICE OF FATHER placemont S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Sumter So
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth { 1 }

MOTHER.
 (14) NAME BEFORE MARRIAGE parrie Reynolds
 (15) PRESENT POSTOFFICE OF MOTHER placemont S. C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Sumter So
 (19) OCCUPATION Farm labour
 (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 2 P.M. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phillip Kendrick
 (24) State whether Physician or midwife (25) Address of Physician or Midwife placemont, S.C.

Given name added from a supplemental report
HEAR 4/27/14
 Registrar

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

MARGIN RESERVED FOR BINDING.
 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.