

(1) PLACE OF BIRTH

County of Lee  
 Township of Mt. Cleo  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

**No. for State Registrar Only**  
**35325**

Registration District No. 3004

Registered No. ....  
 (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

Joseph Hendree

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

To be answered only in event of Twin or Triplet

(Name of Month) (Day) (Year)

**FATHER**

**MOTHER**

(8) FULL NAME

John Hendree

(14) NAME BEFORE MARRIAGE

Mary Joe

(9) PRESENT POSTOFFICE OF FATHER

Bishopville R 3

(15) PRESENT POSTOFFICE OF MOTHER

Bishopville R 3

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

2 1/2  
 (Years)

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

2 1/2  
 (Years)

(12) BIRTHPLACE

Lee Co

(18) BIRTHPLACE

Lee

(13) OCCUPATION

Lanner

(19) OCCUPATION

Domestic

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

8

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

6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature)

Elena Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bishopville R 3

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 12

(28)

Mrs. M. J. Loney  
 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.

For Mt Cleo