

FORM NO. 10. 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.

(1) PLACE OF BIRTH
County of Greenville
Township of Chickadee

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

File No.—For State Registrar Only
56051

Inc. Town of Registration District No. 2204 Registered No. 88
(For use of Local Registrar)
City of (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 Schaefer Bryant Kendrick If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Yes Parents Married? (7) DATE OF BIRTH April 28 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John W. Kendrick
(9) PRESENT POSTOFFICE OF FATHER Taylors S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE Sandy Flat S.C.
(13) OCCUPATION Dealer in Fertilizer Hulls & meal
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE: Mattie Bryant
(15) PRESENT POSTOFFICE OF MOTHER Taylors S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Richland County S.C.
(19) OCCUPATION House wife
(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 12 Noon M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. McDaniel

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Taylors S.C.

Given name added from a supplemental report

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

(27) Filed 6/4 1916 (28) F. G. James 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.

Birth month of pregnancy.