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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
12979

(1) PLACE OF BIRTH

County of Greenville

Township of Bell

or
Inc. Town of Fork Registration District No. 2202 Registered No. 107
(For use of Local Registrar)

or
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 Ray Hendricks

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

(3) BOY OR GIRL? Boy

(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. 12, 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME J. M. G. Hendricks	(14) NAME BEFORE MARRIAGE Nellie Hammond
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Greenville S.C.	(18) BIRTHPLACE Greenville S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1	(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 (Born alive or stillborn) at 1 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mrs. Nellie x Hendricks mark

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

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness J. F. Hendricks
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 8 1916 (28) W. E. Williams
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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