

Form No 1.

(1) PLACE OF BIRTH
 County of York
 Township of Bethel
 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
45018

Registration District No. 4400 Registered No. 62
 (For use of Local Registrar)

(2) Full Name of Child Melba 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 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 19 1915
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Kendrick
 (9) PRESENT POSTOFFICE OF FATHER Cloner # 3
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43 (Years)
 (12) BIRTHPLACE Horton Co. Mo
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Wm. W. W. W.
 (15) PRESENT POSTOFFICE OF MOTHER Cloner # 3
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Easton Co. Mo
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) K. A. Reid
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cloner # 3

Given name added from a supplemental report 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec. 25 1915. (28) J. A. Quinn 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.
 WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.