CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 37722

(1) PLACE OF BIRTH

County of Spartanburg

Township of Reidville

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.)

Registration District No. 1407 Registered No. 52 (For use of Local Registrar)

(2) Full Name of Child Frank Wallace Hendrix (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Boy

(4) Twin or Triplet? (5) Number in order of birth: 1 (To be answered only in event of Twins or Triplets)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: Nov 4 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Furman Hendrix

(9) PRESENT POSTOFFICE OF FATHER: Pelham S.C.

(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: S.C.

(13) OCCUPATION: Farming

(20) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE: Delia Childers

(15) PRESENT POSTOFFICE OF MOTHER: Pelham S.C.

(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: S.C.

(19) OCCUPATION: Domestic

(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 Live (Born alive or stillborn) at 11 30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lucilla M. Hawkins

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Pelham S.C.

Given name added from a supplemental report ..... 19 .... Registrar

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

(27) Filed Dec 10 1923 (28) [illegible] 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.

AFFIDAVIT

Name of Child, Frank Wallace Hendrix
Place of Birth, Pelham, S. C.
Date of Birth, Nov 4, 1923.
Name of father, Furman Hendrix.
Maiden name of mother, Odelia Childress.
Race; White.

STATE OF South Carolina

COUNTY OF Spartanburg

Personally appeared before me F. C. Hendrix

who first being duly sworn says that he is the father

of Frank Wallace Hendrix, who was born at Pelham, S. C.

on November 4th, 1923; that the birth records in the office of the Clerk of Court for Spartanburg County, South Carolina, are deficient in the following manner, to-wit:

"That the mother's name appears in this birth record as Della Childers which should be Odelia Childress."

that this affidavit is made for the purpose of correcting the errors as herein stated.

Sworn to before me this 14th day of May, 1941

Walter B. Wilson
Notary Public for S. C.

F. C. Hendrix