

## (1) PLACE OF BIRTH

County of Winthrop  
 Township of Windsor  
 or  
 Inc. Town of .....  
 of  
 City of .....

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

No. 10.—For State Registrar  
**33404**

Registration District No. 3617 Registered No. 23  
 (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 Gate Kennedy (If child is not yet named, make supplemental report as directed)

(3) SEX OR GEAR Boy (4) Type or Taper H (5) Number in order of birth 1 (6) Are twins Yes (7) DATE OF BIRTH July 7, 1923  
 To be answered only in case of Twins or Triplets (Month of Birth) (Day) (Year)

**FATHER**  
 (8) FULL NAME Bailey Kennedy  
 (9) PRESENT POST OFFICE OF FATHER Norway S.C.  
 (10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 46 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Laborer  
 (14) Number of children born to mother, including present birth 4

**MOTHER**  
 (15) MARRIAGE Lyle Williams  
 (16) PRESENT POST OFFICE OF MOTHER Windsor S.C.  
 (17) COLOR OR RACE col. (18) AGE AT LAST BIRTHDAY 38 (Years)  
 (19) BIRTHPLACE S.C.  
 (20) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 0

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) C. L. Allen  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Date Oct 28, 1923 (28) J. P. Price (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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