

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 Calhoun  
 Township of Sigone  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
80445

Registration District No. 802 Registered No. 139  
 (For use of Local Registrar)

St. .... Ward .....

(2) Full Name of Child Samuel Adam Kenneley  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. ....)  
 (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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 5 1916  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Samuel Kenneley  
 (9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Calhoun Co  
 (13) OCCUPATION Sam Hand  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Annies Carlay  
 (15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Calhoun Co  
 (19) OCCUPATION Housewife  
 (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 8:30 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emmaline Stohman  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

(26) Witness Mrs. Keller  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Oct 8 1916 (28) W. J. Keller 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.