

(1) PLACE OF BIRTH

County of Myrtleburg
 Township of Lane
 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

75135

Registration District No. 4305Registered No. 81
(For use of Local Registrar)(No. Cooper Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Perciel Kennedy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? No (7) DATE OF BIRTH Aug 28, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Poster Kennedy
 (9) PRESENT POSTOFFICE OF FATHER Lanes 8 C
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Cooper
 (15) PRESENT POSTOFFICE OF MOTHER Lanes 8 C
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caroline June
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Lanes 8 C

Given name added from a supplemental report

(26) Witness G. J. Baggett, m. reg.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 8/29 1916 (28) A. R. Mosley 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.