

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Helena
 or
 Inc. Town of
 or
 City of (No. St. Ward)

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

File No.—For State Registrar Only
2973

Registration District No. 6005Registered No. 17
(For use of Local Registrar)(2) Full Name of Child James Kenlaugh

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 yes7 DATE OF BIRTH Feb 1 1923

(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Robert Kenlaugh9 PRESENT POSTOFFICE OF FATHER Frogmore S.C.10 COLOR OR RACE Negro11 AGE AT LAST BIRTHDAY 30

(Years)

12 BIRTHPLACE South Carolina13 OCCUPATION Farmer

MOTHER.

14 NAME BEFORE MARRIAGE Virginia Simmons15 PRESENT POSTOFFICE OF MOTHER Frogmore S.C.16 COLOR OR RACE Negro17 AGE AT LAST BIRTHDAY 26

(Years)

18 BIRTHPLACE South Carolina19 OCCUPATION Farmer20 Number of children born to mother, including present birth 421 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:45 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lelia Simmons & Frogmore, S.C.(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. King

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

(27) Filed Feb 2 1923(28) J. King 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.