

(1) PLACE OF BIRTH

County of KershawTownship of Orkneyor
Inc. Town of Camdenor
City of Camden

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

26715

Registration District No. 472 Registered No. 49

(For use of Local Registrar)

(No. 815 Mortality St.; Ward)(2) Full Name of Child Guineta Kennedy { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH May 23 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hessonsore Kennedy(9) PRESENT POSTOFFICE OF FATHER Camden SC(10) COLOR B. (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Chilendale SC.(13) OCCUPATION Bosher.(14) Number of children born to mother, including present birth { 1 }

MOTHER.

(15) NAME BEFORE MARRIAGE Nona Woods.(16) PRESENT POSTOFFICE OF MOTHER Camden SC.(17) COLOR Colored (18) AGE AT LAST BIRTHDAY 18 (Years)(19) BIRTHPLACE Camden SC.(20) 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) Carl A. Week

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Apr 1 1922 (28) W. H. Wilson Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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