

(1) PLACE OF BIRTH

County of Lin
 Township of Lynchburg
 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

43378

Registration District No. 3002 Registered No. 179
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 31, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Kennedy(9) PRESENT POSTOFFICE OF FATHER Lynchburg S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33
 (Years)(12) BIRTHPLACE Lin Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Johnson(15) PRESENT POSTOFFICE OF MOTHER Lynchburg S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
 (Years)(18) BIRTHPLACE Lin Co. S.C.(19) OCCUPATION House work.(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Marion Anderson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lynchburg S.C.

Given name added from a supplemental report

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

(27) Filed 1/4 1923 (28) J. F. McIntosh 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 ninth month of pregnancy.