

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 5317

County of

Township of

or Town of Sumter

or City of

Registration District No. 41-ARegistered No. 97

(For use of Local Registrar)

City of

(No. 1 of 1 Ward)

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

(2) Full Name of Child Watson

(If child is not yet named, make supplemental report as directed)

(3) SEX OR

Boy

(4) Type

or

(5) Health to

order of birth

(6) Age

48

(7) DATE OF

BIRTH

2-13-1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL

NAME

R. J. Kennedy

(9) PRESENT

POSTOFFICE

OF FATHER

Sumter

(10) COLOR

OR

RACE

White

(11) AGE AT LAST

BIRTHDAY

48

(12) BIRTHPLACE

Sumter

(13) OCCUPATION

General Contractor

MOTHER.

(14) NAME BEFORE

MARRIAGE

Eva Richardson

(15) PRESENT

POSTOFFICE

OF MOTHER

Sumter

(16) COLOR

OR

RACE

White

(17) AGE AT LAST

BIRTHDAY

44

(18) BIRTHPLACE

Sumter

(19) OCCUPATION

Domestic

(20) Number of children born to

mother, including present birth

17

(21) Number of children of this mother

now living, including present birth

17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was

at 3 P.M.

on the date above stated.

Born alive or stillborn (Hour, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mar 2 1923

(28)

F. O. Downing

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.

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