

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

or

City of

(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

79369

Registration District No. 4009

Registered No. 128

(For use of Local Registrar)

No. St. Ward

(2) Full Name of Child Alvin Columbus 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 Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 5 1916

(Name &amp; Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence Pastell Kennedy

(9) PRESENT POSTOFFICE OF FATHER

Woodville S.C. R. #5

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29 (Years)

(12) BIRTHPLACE

Greenville Co.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

Two

(14) NAME BEFORE MARRIAGE

Ethel May Bell Bishop

(15) PRESENT POSTOFFICE OF MOTHER

Woodville S.C. R. #5

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

Greenville Co.

(19) OCCUPATION

Housekeeper

(21) Number of children of this mother now living, including present birth

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

H. H. Workman

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Woodville S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

10/10 1916

(28)

Chas. L. Boyter

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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