

Form No. 1.

(1) PLACE OF BIRTH

County of Murwood  
Township of Bradley & C

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

File No. For State Registrar Only  
64617

Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of street and number.)

Registration District No. 2300

Registered No. 21  
(For use of Local Registrar)

(2) Full Name of Child. Joseph Kennedy

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 1  
(6) Are Parents Married? Yes  
(7) DATE OF BIRTH June 22 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Kennedy  
(9) PRESENT POSTOFFICE OF FATHER Bradley & C  
(10) COLOR OR RACE Black  
(11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Abbeville Co S C  
(13) OCCUPATION Farmer & Preacher  
(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Bradley  
(15) PRESENT POSTOFFICE OF MOTHER Bradley & C  
(16) COLOR OR RACE Black  
(17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE Abbeville Co S C  
(19) OCCUPATION Farmer Wife  
(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was 10 at a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Moral Stewart  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness W. M. Kennedy  
(Signature of witness necessary only when question 23 is signed by party)  
(27) Filed July 10 1916 (28) W. B. Laevie 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.

MARGIN RESERVED FOR FILING IN A PERMANENT RECORD. WRITE PLAINLY, WITH UNFAADING INK.—THIS IS A PERMANENT RECORD. M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia