

Form No. 1.

(1) PLACE OF BIRTH

County of Sumner  
Township of Bradley S.C.

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

File No. 64617 For State Registrar Only

Inc. Town of ..... Registration District No. 2300 Registered No. 21  
(For use of Local Registrar)  
City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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? No (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 S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)  
(12) BIRTHPLACE Abbeville Co S.C.  
(13) OCCUPATION Farmer & Black

**MOTHER.**

(14) NAME BEFORE MARRIAGE Bessie Bradley  
(15) PRESENT POSTOFFICE OF MOTHER Bradley S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE Abbeville Co S.C.  
(19) OCCUPATION Farmer Wife

(20) Number of children born to mother, including present birth 11 (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 10 (Hour A. M. or P. M.))

(23) (Signature) Moral Stewart (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness W. M. Kennedy (Signature of witness necessary only when question 23 is signed by parent)

(27) Filed July 10 1916 (28) W. B. Laevine 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.

WRITEN PLAINLY, WITH UNFADING 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.  
McGraw, of Columbia