

(1) PLACE OF BIRTH

County of HamptonTownship of Franklinor
Inc. Town ofor
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

52537

Registration District No. 2400 Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>(to be answered only in case of twins or triplets)</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar 11</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Red Shuman</u>			(14) NAME BEFORE MARRIAGE <u>Aunie Kennedy</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lena S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lena S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Hampton County</u>		(17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>		
(13) OCCUPATION <u>Laborer</u>		(18) BIRTHPLACE <u>Hampton County</u>		
		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Seven</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 1930 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Joseph A. Johnston, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Estes S.C.

Given name added from a supplemental report

(26) Witness Signature of Witness necessary only on question 23 is signed by mark)(27) Filed Apr. 10 1930 (28) Mrs. W. D. V. Smith 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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