

60701-101-101
WRITE PLAINLY, WITH IN FADING INK—THIS IS A PERMANENT RECORD.

McCall of Columbia.
N. 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.

(1) PLACE OF BIRTH

County of Kershaw

Township of Waterloo

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
86240

Registration District No. 2704

Registered No. 700
(For use of Local Registrar)

(2) Full Name of Child Jacob 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 1 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jacob Kennedy

(9) PRESENT POSTOFFICE OF FATHER Lugoff SC

(10) COLOR OR RACE Brown (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Columbia

(13) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lula White

(15) PRESENT POSTOFFICE OF MOTHER Lugoff SC

(16) COLOR OR RACE Brown (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE

(19) OCCUPATION Farm laborer

(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 2:30 P.M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lula White (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

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Registrar

(26) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(27) Filed 12/9/16 (28) L. H. Thompson 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.

Fifth month of pregnancy.