

(1) PLACE OF BIRTH

County of CharlestonTownship of Charlestonor
Inc. Town of CharlestonCity of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

58944

Registration District No. 9A Registered No. 558

(For use of Local Registrar)

St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child San Francis 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 Apr. 9th 1906
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME San Francis Kennedy (14) NAME BEFORE MARRIAGE Thomasia Cecilia Kennedy(9) PRESENT POSTOFFICE OF FATHER City (15) PRESENT POSTOFFICE OF MOTHER City(10) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 26 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 24
(Years) (Years)(11) BIRTHPLACE City (19) BIRTHPLACE City(12) OCCUPATION Mayor (20) OCCUPATION —(21) Number of children born to mother, including present birth 1 (22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was male, at 11 35 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Phyllis M. M. M.

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(28) Filed 6/5 1906 (29) J. M. M. M. D. 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.