

(1) PLACE OF BIRTH

County of BackhamTownship of Dunbaror
City ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

375

Registration District No. 200Registered No. 3

(For use of Local Registrar)

Alfred Kennedy

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 Lincoln Kennedy

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

(3) SEX OF CHILD <u>girl</u>	(4) Type or Trauma <u>To be covered only in case of Trauma or Fracture</u>	(5) Number in order of birth <u>1</u>	(6) Age of child <u>4</u>	(7) DATE OF BIRTH <u>Aug 24 1925</u>
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FATHER.

(8) FULL NAME Briggs Kennedy(9) PRESENT RESIDENCE OF FATHER Fort Motte(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE South Carolina(13) OCCUPATION Shoe Coffer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Thomas(15) PRESENT RESIDENCE OF MOTHER Fort Motte(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION Home Keeper(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Duffy & Foster

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness W. A. A. A.

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Aug 24 1925

(28)

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.