

(1) PLACE OF BIRTH

County of Callhoun
 Township of Lizone
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

3322

Registration District No. 802 Registered No. 16
 (For use of Local Registrar)

if birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(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? No (5) Number in order of birth 1 (6) Any Parents Married? Yes (7) DATE OF BIRTH Feb 27 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jacob Kennedy
 (9) PRESENT POSTOFFICE OF FATHER Fl. Florida
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Callhoun Co
 (13) OCCUPATION W. Work

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

MOTHER.

(14) NAME BEFORE MARRIAGE Annice May Kennedy
 (15) PRESENT POSTOFFICE OF MOTHER Cameron S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Callhoun Co
 (19) OCCUPATION House Work

(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 Born alive at 6A M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Jane Mitchell
 (24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Cameron S.C.

Given name added from supplemental report

(26) Witness Mrs. Keller

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

(27) Filed March 1 1922

(28) W. S. Keller 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.

MARGEN RECEIVED FILE NUMBER
 WITH PLAINLY VISIBLE OR A NEARLY BLANK FOR EACH CHILD, and mark the
 N. H.—to case of FIRST-BORN No. 1 this within No. 2, etc. in question 5
 Date of Signature, County, State