

Form No. 1

(1) PLACE OF BIRTH

County of Richland  
 Township of 2. J. Shennor  
 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

5007

Registration District No. 3800 Registered No. 15  
 (For use of Local Registrar)

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

(2) Full Name of Child Mae E. Smith 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) Are Parents Married Yes (7) DAY OF BIRTH Feb 4, 1923  
 (Name of Month) (Day) (Year)

FATHER. MOTHER.  
 (8) FULL NAME Tom Kennedy (14) NAME BEFORE MARRIAGE Minnie Bailey  
 (9) PRESENT POSTOFFICE OF FATHER Blytheboro (15) PRESENT POSTOFFICE OF MOTHER Blytheboro  
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 31 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 29  
 (12) BIRTHPLACE Richland Co (18) BIRTHPLACE Richland  
 (13) OCCUPATION Farmer (19) OCCUPATION farm help  
 (20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 630a M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Mrs. Florence Starnes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Blytheboro

(Given name added from a supplemental report)

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

(27) Filed Feb 10, 1923 (28) U. A. Starnes 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8.

Board of Education, Columbia, S. C.