

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

70167

Registration District No. 3800

Registered No. 93

(For use of Local Registrar)

(2) Full Name of Child

Infant Unnamed Kennedy

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

(3) ~~Boy or~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? *Yes*(7) DATE OF
BIRTH *June 30, 1911*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Tom Kennedy

(9) PRESENT
POSTOFFICE
OF FATHER

Belgichwood

(10) COLOR
OR
RACE

Negro

(11) AGE AT LAST
BIRTHDAY *29*
(Years)

(12) BIRTHPLACE

Richland Co S C

(13) OCCUPATION

Farming

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

4

MOTHER.

(14) NAME BEFORE
MARRIAGE

Annie Hicks

(15) PRESENT
POSTOFFICE
OF MOTHER

Belgichwood S C

(16) COLOR
OR
RACE

Negro

(17) AGE AT LAST
BIRTHDAY *26*
(Years)

(18) BIRTHPLACE

Fairfield Co S C

(19) OCCUPATION

House wife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive*
on the date above stated.at *8:00 P.* M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lourinda McDonald

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

and wife

Belgichwood S C

Given name added from a supplemen-
tal report

(26) Witness

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

(27) Filed

8/10/11

1911

(28)

W. M. L. L.

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.

MARRIAGE LICENSES FOR BIRTH
 VARIOUS PLACES WITH CERTAINING INK—THIS IS A PERMANENT RECORD.
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McCav. of Columbia.