

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

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

(2) Full Name of Child

not named

File No.—For State Registrar Only

4293

Registration District No. 27A Registered No. 103

(For use of Local Registrar)

(No. 213 Mordcau St.; Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 13 1922</u> (Name of Month) (Day) (Year)
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FATHER
(8) FULL NAME James R. Kennedy(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE Waverly S.C.(13) OCCUPATION Barber(20) Number of children born to mother, including present birth threeMOTHER
(14) NAME BEFORE MARRIAGE Jessie M. Johnson(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:05 M., on the date above stated. (Born alive or stillborn Hour * M. or P. M.)(23) (Signature) Dr. L. L. Smith(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed Mar 10 1922 (28) C. E. Smith 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.

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THIS IS AN ALPHABETICALLY ARRANGED INDEX TO THE BIRTH RECORDS OF GREENVILLE, S. C. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.