

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

79442

Registration District No. 4103

Registered No. 59

(For use of Local Registrar)

(2) Full Name of Child

Kennedy Bryan Dwight

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Mar. 11

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Francis Marion Dwight

(9) PRESENT POSTOFFICE OF FATHER

Wedgefield, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

55

(12) BIRTHPLACE

Richland Co., S.C.

(13) OCCUPATION

Retired physician

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

Ten

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Carter Singleton

(15) PRESENT POSTOFFICE OF MOTHER

Wedgefield, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

44

(18) BIRTHPLACE

Sumter Co., S.C.

(19) OCCUPATION

House Keeper

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

Nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

1916

Registrar

(26) Witness

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

(27) Filed

1916

(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.