

Form No. 2

(1) PLACE OF BIRTH

County of Darlington
 Township of Seelyville
 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

89496

Registration District No. 15100 Registered No. 66
 (For use of Local Registrar)

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

(2) Full Name of Child Odes Kennedy

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH June 19, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Kennedy
 (9) PRESENT POSTOFFICE OF FATHER Home, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20
 (Years)
 (12) BIRTHPLACE Darlington Co.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Patterson
 (15) PRESENT POSTOFFICE OF MOTHER Home
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
 (Years)
 (18) BIRTHPLACE Darlington Co.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth ONE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Betty Rubin(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Home

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 28, 1916

(28)

Ann S. Bourne
 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.

SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.