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12-1-47  
T.P.U. S. Dept. of Commerce  
Bureau of the Census

## 1. PLACE OF BIRTH

County of Williamsburg

Township of .....

or  
Inc. Town of .....or  
City of Greeleyville

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

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of HealthRegistration District No. 4301 Registered No. ....  
(For use of Local Registrar)

FILE No.—For State Registrar Only

03684

## 2. FULL NAME OF CHILD

Luc Kenney

3. Boy or Girl

Boy

If Plural  
births

4. Twins, triplets or other.....

5. Number, in order of birth.....

6. Premature.....

Full term 7. Are Parents Married? 

8. Date of

birth June 2 1947  
(Month, day, year)If child is not yet named, make  
supplemental report as directed18. Name before  
marriageMOTHER  
Lucille Kenney

19. Residence (mailing address)

Greeleyville,  
(If non-resident, give place and State)20. Color or race Negro 21. Age at last birthday 25 S.O. (years)22. Birthplace (city or place) Williamsburg County  
(State or country) S.C.23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc. Housewife24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.25. Date (month and year) last  
engaged in this work19..... 26. Total time (years)  
spent in this work.....27. Number of children of this mother  
(At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 028. If stillborn, { months }  
period of gestation..... { weeks } 29. Cause of stillbirth.....  
Before labor.....  
During labor.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 9:15 a.m. on the date above stated.{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. }

Given name added from

a supplementary report..... (Date of)

State Registrar

(Signed) Lucille Kenney Parent

or..... Guardian

Address 1017 Bambridge St.Philadelphia, Pa. 19..... Thos. P. LelandFiled 1-9-48 Local RegistrarMARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.