

Form No. 1

(1) PLACE OF BIRTH

County of Milledale
 Township of Milledale
 OF
 Inc. Town of
 OF
 City of Fairfax
 (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

No. for State Registrar Only
34401

Registration District No. 4691 Registered No. 57
 (For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth 7 (6) Are Parents Married Yes (7) DATE OF BIRTH 11/29 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Stuart</u>	(14) NAME BEFORE MARRIAGE <u>John Stuart Kennedy</u>	(10) PRESENT RESIDENCE OF FATHER <u>Fairfax S.C.</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Fairfax S.C.</u>
(9) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(10) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(12) BIRTHPLACE <u>Fairfax S.C.</u>	(15) BIRTHPLACE <u>Fairfax S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>19</u>	(21) Number of children of this mother now living, including present birth <u>15</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 28 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Viola Southwood (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fairfax S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Signed Dr. P. J. 12 3 (28) J. P. Johnson Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. In a child born dead even then, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.