

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
No. 2.—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 2.
McGaw, of Columbia

(1) PLACE OF BIRTH
County of Sumter
Township of Sumter
or
Inc. Town of Sumter
or
City of Sumter (No. 41)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 41 Registered No. 76
(For use of Local Registrar)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
44646

(2) Full Name of Child, David Pinkney Kennedy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>(to be answered only in case of twin or triplet)</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 2nd 1911</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Payton Kennedy</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Robinson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>Sumter S.C.</u>			(18) BIRTHPLACE <u>Sumter S.C.</u>	
(13) OCCUPATION <u>Small Business</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:40 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) W. D. Allen
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report
..... 191.....
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Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 14 1911 (28) W. D. Allen Local Registrar

*When there was no attending physician or midwife, then a child breathes even once, it must not be reported as a fifth month father, householder, etc., should make this return. If No report is desired of stillbirths before the 15th day.