

## (1) PLACE OF BIRTH

County of *Clarendon*Township of *Stoney Grove*

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

17287

Registration District No. *13/4* ... Registered No. *12* ...  
(For use of Local Registrar)

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

(2) Full Name of Child *Filamay Mae Kenzie* ... If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *girl* (4) Twin or Triplet - (5) Number in order of birth *3* (6) Are Parents Married *yes* (7) DATE OF BIRTH *June 16, 1923*  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Curt M. Kenzie*(9) PRESENT POSTOFFICE OF FATHER *Lake City S.C. 71*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *22* (Year)(12) BIRTHPLACE *Clarendon Co.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Queen Esta Drigge*(15) PRESENT POSTOFFICE OF MOTHER *Lake City S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *18* (Year)(18) BIRTHPLACE *Clarendon Co.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was ... *alive* ... at ... *11 A.* M., on the date above stated. (Deceased or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Jane T. Lloyd* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Lake City S.C.*

Given name added from a supplemental report

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

(27) Filed *June 18, 1923* (28) *E. H. McFadden* 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.