

(1) PLACE OF BIRTH

County of Beaufort

Township of

Inc. Town of

City of Gaffney S.C.

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

(2) Full Name of Child Leah Kennedy

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec 14 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Kennedy

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE

(13) OCCUPATION Textile

(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Wanda Sanders

(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) 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 dec 14 at Gaffney S.C.
on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) Dallie Kennedy (24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Gaffney, S.C.

Given name added from a supplemental report

Dallie Kennedy

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

(27) Filed Jan 10 1923 (28) W. F. Smith
Registrar 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.