

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR AND A SEPARATE BLANK FOR EACH CHILD, AND MUST BE
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. - For State Register	
County of <u>Beaufort</u>		STATE OF SOUTH CAROLINA		31853	
Township of <u>Sheldon</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>603B</u>		Registered No. <u>91</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Elwease Kennedy</u>					
(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>two</u>	(6) Are Parent Married? <u>No</u>	DATE OF BIRTH <u>Nov 24 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(9) FULL NAME <u>Adam Kennedy</u>			(14) NAME BEFORE MARRIAGE <u>Margaret Mack</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Yemassee</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Yemassee</u>		
(16) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Year)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)		
(12) BIRTHPLACE <u>Beaufort Co</u>			(18) BIRTHPLACE <u>Beaufort Co</u>		
(13) OCCUPATION <u>Farm</u>			(19) OCCUPATION <u>House Work</u>		
(20) Number of children born to mother, including present birth <u>two</u>			(21) Number of children of this mother now living, including present birth <u>two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>James S. Yemassee</u>			(25) Address of Physician or Midwife <u>Yemassee</u>		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)		
19			(27) Filed		
Registrar			(28)		

*When there was no attending physician or midwife, then the father, householder, etc., must sign.
If a child breathes even once, it must not be reported as stillborn. No report is to be made before the fifth month of pregnancy.