

## (1) PLACE OF BIRTH

County of *Cherokee*Township of *Neufort*or  
Inc. Town of .....or  
City of .....

(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

 File No.—For State Registrar Only  
**3765**

 Registration District No. *13.12* Registered No. *8*  
 (For use of Local Registrar)
(2) Full Name of Child *Maud Bell Kennedy*
 If child is not yet named, make  
 supplemental report as directed

 (3) ~~MALE~~ GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 28, 1922*  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Henry Frank Kemp*(9) PRESENT POSTOFFICE OF FATHER *Sardonia SC*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *21* (Years)(12) BIRTHPLACE *Clarendon Co SC*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Annie Bell Gause*(15) PRESENT POSTOFFICE OF MOTHER *Sardonia SC*(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *21* (Years)(18) BIRTHPLACE *SC*(19) OCCUPATION *House wife*(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 .... *born* ..... at *7.2* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Jur. Emsdale*(24) *State whether Midwife* (25) *Address of Physician or Midwife* *Shiloh SC*

Given name added from a supplemental report

(26) Witness *Henry Frank Kennedy* (Signature of Witness necessary only when question 23 is signed as mark)(27) Filed *Feb 2 1923* (28) *Harry B* 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.

MARGIN LEFT FOR ENDING.

THESE PAPERS, WITH HEADERS HEREON, ARE A PERMANENT RECORD. IT IS THE DUTY OF THE REGISTRAR TO PRESERVE THEM IN SUCH MANNER AS TO MAKE THEM AVAILABLE FOR REFERENCE AT ALL TIMES. THE STATE OF SOUTH CAROLINA, COLUMBIA, S.C.