

(1) PLACE OF BIRTH

County of York

Township of

or

City of

or

City of

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

(2) Full Name of Child Robert Kennedy

No. 1a. - For State Registrar Only

30391

Registration District No. 1106Registered No. 111
(For use of Local Registrar)(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Previous Marriage Yes (7) DATE OF BIRTH Oct 15 1933
(Name of Month) (Day) (Year)FATHER
Full Name Wm. KennedyPresent Residence of Father Smith 70 StColor White (11) AGE AT LAST BIRTHDAY 34
(Year)Birthplace SC.Occupation FarmerNumber of children born to mother, including present birth 1MOTHER
(14) NAME BEFORE MARRIAGE Lucie Kennedy(15) PRESENT RESIDENCE OF MOTHER Smith 70 St(16) COLOR White (17) AGE AT LAST BIRTHDAY 32
(Year)(18) BIRTHPLACE SC.(19) OCCUPATION 2d. M.(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born born alive on the date above stated. (Hour A. M. or P. M.) 11 P.(23) (Signature) Maxwell Strand(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife South 70 St

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed "mailed")

(27) Filed Nov 1 1933 (28) W. Hallie
Local Registrar

When there was no attending physician or midwife, then the father, householder, or should make this report if a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.