

(1) PLACE OF BIRTH

County of Barnwell
 Township of Buffalo Bridge
 or
 Inc. Town of Govan
 or
 City of Govan

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

31047

Registration District No. 48 Registered No. 87
 (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 Mamie Lero Kennedy (If child is not yet named, make appropriate report as stated)

(a) SEX OF CHILD Bo (b) Year of Year 1923 (c) Number in order of birth 1st (d) Date of Birth Sept 23

FATHER		MOTHER	
(a) FULL NAME <u>Stoney Kennedy</u>	(a) FULL NAME <u>Wilhemina Goss</u>	(b) RESIDENT OF FATHER <u>Govan S C</u>	(b) RESIDENT OF MOTHER <u>Govan S C</u>
(c) COLOR <u>white</u> (1) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(c) COLOR <u>white</u> (1) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(d) BIRTHPLACE <u>Govan S C</u>	(d) BIRTHPLACE <u>Govan S C</u>
(e) OCCUPATION <u>farmer</u>	(e) OCCUPATION <u>Housewife</u>	(f) Number of children born of mother, including present birth <u>3</u>	(f) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Date A. M. or P. M.)

(29) (Signature) L. B. Ray

(30) State whether Physician or Midwife Midwife

(31) Address of Physician or Midwife Barnwell S C

Given name and date of registration

(32) Witness (Signature of Witness necessary only when question is signed by mother)

(33) Filed Oct 18 1923 (34) A. E. Bennett Local Registrar

When child is born in hospital or institution, then the father, householder, etc., should make this report. If a child is born stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.