

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1733

Registration District No. 7804

Registered No. 48

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Mary Florence Kennington

(If child is not yet named; make supplemental report as directed)

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 6 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

William Joseph Kennington

(9) PRESENT POSTOFFICE OF FATHER

Lancaster S. Car.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Lancaster County S. Car.

(13) OCCUPATION

Mill operative

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

One

MOTHER

(14) NAME BEFORE MARRIAGE

Florence Sale

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster S. Car.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Philadelphia Pa.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... Mrs. Florence ... at 11:25 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Neale S. Charnock

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Lancaster S. Car.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed blank)

(27) Filed

11/10/22

(28)

J. H. Harrison

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.

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