

(1) PLACE OF BIRTH

County of Franklin

Township of

Inc. Town of

City of Franklin

(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

42546

Registration District No. 22A Registered No. 628

(For use of Local Registrar)

(No. 225 East Broad St.; Ward)(2) Full Name of Child. Not Named If child is not yet named, make supplemental report as directed

(3) ~~MALE~~ GIRL? (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Nov 22 1922
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME ...(9) PRESENT POSTOFFICE OF FATHER ...(10) COLOR OR RACE ... (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE ...(13) OCCUPATION ...(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE William Kennedy(15) PRESENT POSTOFFICE OF MOTHER Franklin(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE ...(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born at 8:30 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) S. J. Lawton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician 108 1/2 Spring

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 30 1922 (28) C. E. Smith 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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