

(1) PLACE OF BIRTH  
County of Albemarle  
Township of Langley

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — for State Registrar Only  
**31430**

Inc. Town of Langley & C. Registration District No. 2.1.7.A. Registered No. 149  
(For use of Local Registrar)  
City of Langley & C. (No. 149 St. 149 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child H. A. Kennedy Jr. If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) 1 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 7, 1923  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME H. A. Kennedy  
(9) PRESENT POSTOFFICE OF FATHER Langley & C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Union, N.Y.  
(13) OCCUPATION Merchant  
(14) Number of children born to mother, including present birth Two

MOTHER.  
(14) NAME BEFORE MARRIAGE Hattie Embury  
(15) PRESENT POSTOFFICE OF MOTHER Langley & C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Langley & C.  
(19) OCCUPATION Domestic  
(20) Number of children of this mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 5-4 M., on the date above stated. (Hour of birth) (M. or P. M.)

(23) (Signature) J. W. Spradley  
(24) State whether Physician or Midwife: Physician (25) Address of Physician or Midwife: Langley & C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Dated Dec. 1, 1923 (28) J. W. Spradley 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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