MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Abbeville

Township of Magnolia

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
13364

Registration District No. 109 Registered No. 33
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. ..... St.; ..... Ward)

(2) Full Name of Child Baby Kennedy

If child is not yet named, make supplemental report as directed

(3) BOY OR 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?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	May 11, 1922

FATHER.

(8) FULL NAME: James Kennedy
(9) PRESENT POSTOFFICE OF FATHER: Calhoun Falls, S.C.
(10) COLOR OR RACE: Negro
(11) AGE AT LAST BIRTHDAY: 20 (Years)
(12) BIRTHPLACE: Abbeville Co
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) NAME BEFORE MARRIAGE: Amand Belcher
(15) PRESENT POSTOFFICE OF MOTHER: Calhoun Falls, S.C.
(16) COLOR OR RACE: Negro
(17) AGE AT LAST BIRTHDAY: 21 (Years)
(18) BIRTHPLACE: Abbeville Co
(19) OCCUPATION: Domestic
(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 a Girl at 4 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Allen
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Calhoun Falls, S.C.

Given name added from a supplemental report

..... 19.....
Registrar

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

(27) Filed May 16 1922 (28) F. E. Nance
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.