

THIS IS A PERMANENT RECORD. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 1.

(1) PLACE OF BIRTH

County of Aphelandra
Township of Long Pine
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
5811

Registration District No. 107

Registered No. 7
(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 Francis

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

(3) SEX OR GIRL 1 (4) Twin or Triplet 2 (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH 2/28/23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. F. Kennedy
(9) PRESENT POSTOFFICE OF FATHER Abbeville #1
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33
(Year)
(12) BIRTHPLACE Abbeville
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Lender
(15) PRESENT POSTOFFICE OF MOTHER Abbeville #1
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24
(Year)
(18) BIRTHPLACE Abbeville
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Lillian Lender at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. R. Bell

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Mar. 15 23 (27) E. R. Miller 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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