

(1) PLACE OF BIRTH.

County of Union
 Township of Union
 or
 Inc. Town of
 or
 City of Union

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

No. for State Registrar Only
37864

Registration District No. 42-A Registered No. 172
 (For use of Local Registrar)
 (No. N. P. Pinney St. 7 Ward)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Nov 23, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John Thomas Kennedy</u>			(14) NAME BEFORE MARRIAGE <u>Peable Thomas</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Union S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Union S.C.</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>	
(11) AGE AT LAST BIRTHDAY <u>5-3</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>41</u> (Years)	
(12) BIRTHPLACE <u>Wimborra S.C.</u>			(18) BIRTHPLACE <u>Union Co. S.C.</u>	
(13) OCCUPATION <u>Carpenter</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1/0</u>			(21) Number of children of this mother now living, including present birth <u>1/7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Betty Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union S.C.

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
J. J. Barrett
 (27) Filed 12-10-23 (28) 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.