

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

42804

(1) PLACE OF BIRTH

County of Florence

Township of Cartersville

or
Inc. Town of

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2012

Registered No. 851

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Alice Kennedy + Still Born

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? First (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 16, 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Junious Kennedy
(9) PRESENT POSTOFFICE OF FATHER Timmons
(10) COLOR OR RACE W. Bred (11) AGE AT LAST BIRTHDAY 24
(12) BIRTHPLACE Shawnee Co.
(13) OCCUPATION Wages Hand on farm
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Kirkland
(15) PRESENT POSTOFFICE OF MOTHER Timmons
(16) COLOR OR RACE W. Bred (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE Shawnee Co.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 6:30 P.M.

(23) (Signature) Mary Gray + H. Matthews

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

Midwife & Physicians Timmons

Given name added from a supplemental report

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

(27) Filed (28) Will L. Haynes
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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FORM NO. 2
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
McGraw-Hill Co. of Columbia FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.