

Form No. 1

## (1) PLACE OF BIRTH

County of BarnwellTownship of Georges Creekor  
Inc. Town ofor  
City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

58735

Registration District No. 507 Registered No. 18  
(For use of Local Registrar)St.                      Ward                     (2) Full Name of Child Cole Blessie 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? yes(7) DATE OF BIRTH May, 28, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME B. E. Kennedy(9) PRESENT POSTOFFICE OF FATHER Barnwell(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE Barnwell Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Archie Goss(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Barnwell Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Nellie Sanders(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barnwell S.C. P.O. 1

Given name added from a supplemental report

191

Registrar

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

(27) Filed June 1, 1916 (28) R. C. K. K. K. 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.

MARGIN RESERVED FOR FINDING. 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.