

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Bamberg **STATE OF SOUTH CAROLINA.**
 Township of Bufords Bridge **Bureau of Vital Statistics**
 Inc. Town of **State Board of Health**
 or
 Registration District No. 401 Registered No. 10
 City of (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only

48076

2) Full Name of Child David Ford Kennedy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>one</u>	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan 2 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>David Ford</u>		(14) NAME BEFORE MARRIAGE <u>Etta Kennedy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Jacksonville Fla</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Soran, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Bamberg Co</u>		(18) BIRTHPLACE <u>Bamberg Co</u>		
(13) OCCUPATION <u>Has none</u>		(19) OCCUPATION <u>farm laborer</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Washington
 (24) State whether Physician or Midwife. (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 6 1916 (28) C. B. Ray
 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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