

(1) PLACE OF BIRTH

County of Matheson
 Township of Kennettville
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No. 15939 For State Registrar Only

Registration District No. 3301

Registered No. 57
 (For use of Local Registrar)

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

(2) Full Name of Child Kenneth Sweat

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 5-29-22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Matheson
 (9) PRESENT POSTOFFICE OF FATHER Kennettville, SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 55
 (Years)
 (12) BIRTHPLACE Kennettville, SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Sweat
 (15) PRESENT POSTOFFICE OF MOTHER Kennettville, SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
 (Years)
 (18) BIRTHPLACE Kennettville, SC
 (19) OCCUPATION Farmer's Daughter
 (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 at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula X Moore

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kennettville, SC

Given name added from a supplemental report

(26) Witness W. H. Medlin
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 3, 1922 (28) Mrs. J. H. Kato
 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.