

(1) PLACE OF BIRTH

County of Spartanburg
 Township of
 or
 Inc. Town of Woodruff
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2457

Registration District No. H.O.B. Registered No. 1
 (For use of Local Registrar)

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

(2) Full Name of Child John L. Kennedy

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH 1-5-22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred Kennedy
 (9) PRESENT POSTOFFICE OF FATHER Woodruff SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19
 (12) BIRTHPLACE Alabama
 (13) OCCUPATION Mill Work
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Melvin Griffin
 (15) PRESENT POSTOFFICE OF MOTHER Woodruff SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17
 (18) BIRTHPLACE Appling Co
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) B. J. Brumfield(24) State whether Physician or Midwife. Physician(25) Address of Physician or Midwife Woodruff SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 101922

(28)

Chas. L. Boyter

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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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINNING, THIS FORM USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, SECOND, ETC. IN THE ORDER, No. 1, THE OTHER, No. 2, etc., IN QUESTION 2.

SEE INSTRUCTIONS, COURTESY, 9, 5