

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY. WITH UNFADING INK. FILL IN A SEPARATE REPORT FOR EACH CHILD, and mark the 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.

Form 5-5

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		535	
Township of		Registration District No. <u>9A</u>		Registered No. <u>115</u>	
or Inc. Town of				(For use of Local Registrar)	
or City of <u>Charleston</u>		(No. <u>49 Laurens</u> St. Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Baby Kennedy</u>				(If child is not yet named, make supplemental report as directed)	
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 21, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>James Francis Kennedy</u>			(14) NAME BEFORE MARRIAGE <u>Thomasine Kennerty</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>City</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>City</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Year)	(16) COLOR OR RACE <u>White</u>			
(12) BIRTHPLACE <u>City</u>		(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)			
(13) OCCUPATION <u>Clerk</u>		(18) BIRTHPLACE <u>City</u>			
(19) OCCUPATION <u>Housewife</u>		(20) OCCUPATION			
(21) Number of children born to mother, including present birth <u>4</u>		(22) Number of children of this mother now living, including present birth <u>4</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(23) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8:20 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)					
(24) (Signature) <u>J. L. McNeill</u>		(25) State whether Physician or Midwife <u>Midwife</u>			
(26) Address of Physician or Midwife <u>187 Calhoun</u>					
Given name added from a supplemental report		(27) Witness (Signature of Witness necessary only when question 25 is signed by mark)			
19..... Registrar		(28) Filed <u>1/28</u> 19..... <u>J. McNeill</u> Local Registrar			
When there was no attending physician or midwife, then the father, household, 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.					

or pregnancy,, desired of stillbirths before