

## (1) PLACE OF BIRTH

County of Spaulding S.C.Township of "Inc. Town of "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

Registration District No. 40-aRegistered No. 478  
(For use of Local Registrar)(No. 174 Mitchell St.) ..... Ward)(2) Full Name of Child Willie Kennedy

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Triplet <u>-</u> To be answered only in event of Triplet or Triplets	(5) Number in order of birth <u>-</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 30 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME William Henry Kennedy(9) PRESENT POSTOFFICE OF FATHER Spaulding S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE Carule S.(13) OCCUPATION Expressman(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Gray(15) PRESENT POSTOFFICE OF MOTHER Spaulding S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE Carule S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 2:45 P.M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Harry E. Smith(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Spaulding S.C.

Given name added from a supplemental report

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

(26) Filed 12-1-23 (27) Joe Coker 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 required of stillbirths before the fifth month of pregnancy.