

FORM NO. 10. MARGIN RESERVED FOR BINDING. WRITING PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH

County of Florence

Township of Lake

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

File No.—For State Registrar Only

55841

Registration District No. 2009 Registered No. 37

(For use of Local Registrar)

(2) Full Name of Child Bertie May Kennedy

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age 1 (7) DATE OF 4 10 6 BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benjamin A. Kennedy

(9) PRESENT POSTOFFICE OF FATHER Seranton St.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Florence Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Harms

(15) PRESENT POSTOFFICE OF MOTHER Seranton St.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Florence Co.

(19) OCCUPATION Housewife

(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 alive at 9 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Theresa James (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Seranton St.

Given name added from a supplemental report

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

(27) Filed 4/15/1916 (28) R. L. Carter 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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