MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

16 092859

Standard Certificate of Birth

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

FILE No.—For State Registrar Only: 03830

1. PLACE OF BIRTH

County of Aiken

Township of Geddy Swamp

or Inc. Town of ....

or City of .... (No. .... St.; .... Ward)

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

Registration District No. 203 .... Registered No. .... (For use of Local Registrar)

2. FULL NAME OF CHILD Ruth Kennedy (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl: Girl | If Plural births: 4. Twin, triplet or other .... 5. Number, in order of birth .... | 6. Premature .... Full term .... | 7. Are Parents Married? Yes | 8. Date of birth Oct 20 1916 (Month, day, year)

FATHER		MOTHER	
9. Full name	George Kennedy	18. Name before marriage	Annie Abney
10. Residence (mailing address) (If non-resident, give place and State)	Wagener	19. Residence (mailing address) (If non-resident, give place and State)	Wagener
11. Color or race	Col	20. Color or race	Col
12. Age at last birthday (Years)	37	21. Age at last birthday (Years)	31
13. Birthplace (city or place) (State or country)	S C	22. Birthplace (city or place) (State or country)	S C
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	House
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	wife
16. Date (month and year) last engaged in this work 19....		25. Date (month and year) last engaged in this work 19....	
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. Number of children of this mother (At time of birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead .... (c) Stillborn ....

28. If stillborn, period of gestation .... months / weeks 29. Cause of stillbirth .... Before labor .... During labor ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ....m. on the date above stated.

I certify that I instilled or had instilled in the eyes of this child at ....M. on above date .... (Name of Prophylactic)

Cleft Palate .... Hare Lip .... Other Deformities .... (Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplementary report .... (Date of) .... Registrar.

(Signed) Lavinia Livingston M.D. or Midwife.

Address Perry S C

Filed 11/20 1942 M.B.Woodward,MD Registrar.