

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....or  
City of Anderson

(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

28704

Registration District No. 3A Registered No. 347  
(For use of Local Registrar)(2) Full Name of Child Kenneth Lucile Kay If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Sept 25 1932  
(Name Month Day Year)

## FATHER.

(8) FULL NAME

Weldon Kay

(9) PRESENT POSTOFFICE OF FATHER

Anderson, S. C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30  
(Years)

(12) BIRTHPLACE

Anderson, S. C.

(13) OCCUPATION

carpenter

## MOTHER.

(14) NAME BEFORE MARRIAGE

Julia Adams

(15) PRESENT POSTOFFICE OF MOTHER

Anderson, S. C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

27  
(Years)

(18) BIRTHPLACE

Hart Co. Ga.

(19) OCCUPATION

Domestic

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

2

(21) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

F. B. CRAYTON,ANDERSON, S. C.

\*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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