

THIS IS A PERMANENT RECORD.
TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc.; in question 5.
MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Allendale
Township of "
or
Inc. Town of "
or
City of "

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
28605

Registration District No. 4600

Registered No. 103
(For use of Local Registrar)

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

(2) Full Name of Child Elie Kennedy

(3) BOY OR GIRL? boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 15 1922
(Name) (Month) (Day) (Year)

FATHER.
(8) FULL NAME Carroll Kennedy
(9) PRESENT POSTOFFICE OF FATHER allendale SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Porter

(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Bessie Smith
(15) PRESENT POSTOFFICE OF MOTHER allendale SC

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lizzie Glover
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife allendale SC

Given name added from a supplemental report

(26) Witness F. H. Boyd
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 29 1922 (28) F. H. Boyd MD 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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