

(1) PLACE OF BIRTH

County of Lancaster
 Township of Centleton
 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
19279

Registration District No. 29.05 Registered No. 26
 (For use of Local Registrar)
 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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. Are Parents Married? Yes 7. DATE OF BIRTH June 29, 1927
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Earl J. Kennedy
 9. PRESENT POSTOFFICE OF FATHER Ada, S.C.
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 48
 12. BIRTHPLACE Alabama
 13. OCCUPATION U.S. Marshal
 20. Number of children born to mother, including present birth 8

MOTHER.

14. NAME BEFORE MARRIAGE Mary Emma Carole
 15. PRESENT POSTOFFICE OF MOTHER Ada, S.C.
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 44
 18. BIRTHPLACE Newberry Co. S.C.
 19. OCCUPATION Domestic
 21. Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. D. Hanna

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Columbia, S.C.

Given name added from a supplemental report

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

(27) Filed July 6, 1927 (28) F. L. Dorman 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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