

FORM NO. 1. MARGIN RESERVED FOR BINDING.
WRITE 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.

McChav. of Columbia.

WR N. 1

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Chester</u></p> <p>Township of <u>Chester</u></p> <p>or</p> <p>Inc. Town of <u>Chester</u></p> <p>or</p> <p>City of <u>Chester</u></p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA.</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p>71945</p>
<p>(2) Full Name of Child <u>Kennedy</u></p>		<p>Registration District No. <u>11.9</u></p>	<p>Registered No. <u>79</u></p> <p>(For use of Local Registrar)</p>	<p>If child is not yet named, make supplemental report as directed</p>
<p>(3) <u>Girl</u></p>	<p>(4) Twin or Triplet?</p>	<p>(5) Number in order of birth</p>	<p>(6) Are Parents Married? <u>Yes</u></p>	<p>(7) DATE OF BIRTH <u>Aug. 6, 1916</u></p> <p>(Name of Month) (Day) (Year)</p>
<p>FATHER.</p> <p>(8) FULL NAME <u>Lee Kennedy</u></p> <p>(9) PRESENT POSTOFFICE OF FATHER <u>Chester S.C.</u></p> <p>(10) COLOR OR RACE <u>Negro</u></p> <p>(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)</p> <p>(12) BIRTHPLACE <u>Chester Co.</u></p> <p>(13) OCCUPATION <u>Driver - Lee Wayne</u></p> <p>(20) Number of children born to mother, including present birth <u>3</u></p>		<p>MOTHER.</p> <p>(14) NAME BEFORE MARRIAGE <u>Jessie Woodward</u></p> <p>(15) PRESENT POSTOFFICE OF MOTHER <u>Chester S.C.</u></p> <p>(16) COLOR OR RACE <u>Negro</u></p> <p>(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)</p> <p>(18) BIRTHPLACE <u>Chester S.C.</u></p> <p>(19) OCCUPATION <u>Housewife washerwoman</u></p> <p>(21) Number of children of this mother now living, including present birth <u>3</u></p>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p> <p>(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>4 a.</u> M., on the date above stated. (Born <u>Alive</u> or <u>Stillborn</u>) (Hour A. M. or P. M.)</p> <p>(23) (Signature) <u>A. M. Wylie</u></p> <p>(24) State whether Physician or Midwife <u>Physician</u></p> <p>(25) Address of Physician or Midwife <u>Chester S.C.</u></p>				
<p>Given name added from a supplemental report</p> <p>191.....</p> <p>Registrar</p>		<p>(26) Witness</p> <p>(Signature of Witness necessary only when question 23 is signed by mark)</p> <p>(27) Filed <u>Aug 6, 1916</u> (28) <u>Kennedy</u> Local Registrar.</p>		
<p>*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.</p>				
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