

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
McCaw, of Columbia

(1) PLACE OF BIRTH
County of York
Township of Bethesda
OR
Inc. Town of
OR
City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

47727

Registration District No. 4401 Registered No. 124
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child, William Paul Kennedy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 4</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>James Kennedy</u>			(14) NAME BEFORE MARRIAGE <u>Idella Blair</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>York # 3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>York # 3</u>	
(10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>			(16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>York</u>			(18) BIRTHPLACE <u>York</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House & field labor</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 a. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie L. L. L.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife York # 3

Given name added from a supplemental report

(26) Witness Mrs. S. H. Love
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 8 1916 (28) S. H. Love
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.