

1) PLACE OF BIRTH

County of Charleston
 Township of New Zion
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31754

Registration District No. 1312 Registered No. 42
 (For use of Local Registrar)

City of (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 Lucille Kennedy If child is not yet named, make supplemental report as directed

BOY OR GIRL

girl

3) Twin or Triplet

-

(5) Number in order of birth
 To be answered only in event of Twin or Triplet

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Sept 24, 1923
 (Name of Month) (Day) (Year)

FATHER.

FULL NAME

James Kennedy

PRESENT POSTOFFICE OF FATHER

Sardinia S.C.

COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

24

(Years)

BIRTHPLACE

Charleston Co.

OCCUPATION

car work

Number of children born to mother, including present birth

1 4

MOTHER.

(14) NAME BEFORE MARRIAGE

Nora Rose

(15) PRESENT POSTOFFICE OF MOTHER

Sardinia S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Charleston Co.

(19) OCCUPATION

wife

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

1 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn Hour M. or P. M.)

(23) (Signature)

midwife

Nora McGill

(24) State whether

Physician or Midwife

(25) Address of Phys.

or Midwife

See name added from a supplemental report

(26) Witness

E. B. Gamble M.D.

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

(27) Filed

11-1-23

(28)

Local Registrar

If 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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