

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.

(1) PLACE OF BIRTH
County of Greenville
Township of Reuklem
or
Inc. Town of.....
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
22352

Registration District No. 12.65 Registered No. 36
(For use of Local Registrar)

(2) Full Name of Child Mrs. Thompson King If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 5th 19 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Franklin King
(9) PRESENT POSTOFFICE OF FATHER Princeton-S.C.R.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Trille Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Oliver Maude Thompson
(15) PRESENT POSTOFFICE OF MOTHER Princeton S.C.R.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Trille Co. S.C.
(19) OCCUPATION Housewife
(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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Yes V. Knight MD
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Honesock 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 22 19 22 (28) H.A. Ross 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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