

## (1) PLACE OF BIRTH

County of Marion  
 Township of Mechanicville  
 or  
 Inc. Town of .....

# CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only  
**42025**

Registration District No. 1.3.2.7

Registered No. 50  
 (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 Annice King

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL girl (4) Twin or Triplet - (5) Number in order of birth - (6) Are Parents Married no (7) DATE OF BIRTH Jan 19, 1922  
 (Name of Month) (Day) (Year)

### FATHER.

(8) FULL NAME Billie King  
 (9) PRESENT POSTOFFICE OF FATHER Mobile, Ala. S.C.  
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 20 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Laboren  
 (20) Number of children born to mother, including present birth 1

### MOTHER.

(14) NAME BEFORE MARRIAGE Rosalie Gibson  
 (15) PRESENT POSTOFFICE OF MOTHER Mobile, Ala. S.C.  
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 15 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION ac-home  
 (21) Number of children of this mother now living, including present birth 1

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Sallie Blaylock (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marion Co

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by me)

(27) Filed Jan 1, 1922 (28) E. P. Early Local Registrar