

Form No. 1

(1) PLACE OF BIRTH

County of Darlington  
Township of Lytle  
OF  
Inc. Town of  
OF  
City of

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only  
**3607**

Registration District No. 1886 Registered No. 7  
(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 Lela May King

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

3) BOY OR GIRL Girl 4) Twin or Triplet 2 5) Are Parents Married Yes 6) DATE OF BIRTH Feb. 20, 1923  
(Name of Month) (Day) (Year)

FATHER.  
8) FULL NAME Doct King  
9) PRESENT POSTOFFICE OF FATHER Lamar S.C. #1  
10) COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 20  
12) BIRTHPLACE S.C.  
13) OCCUPATION Farming  
14) Number of children born to mother, including present birth Three

MOTHER.  
14) NAME BEFORE MARRIAGE Lela Mack  
15) PRESENT POSTOFFICE OF MOTHER Lamar S.C.  
16) COLOR OR RACE col 17) AGE AT LAST BIRTHDAY 19  
18) BIRTHPLACE S.C.  
19) OCCUPATION House Wife  
20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn: Hour A. M. or P. M.)

(22) (Signature) Lourena Byrd (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a registration and report

(25) Witness R. M. Jones (26) Signature of Witness necessary only when question 22 is signed by mark  
Feb. 20, 1923 (27) R. M. Jones

\*When there was no attending physician or midwife, the father, grandfather, etc., should sign this report. If a child breathed even once, it should be reported to the State Board of Health.