

(1) PLACE OF BIRTH

County of GeorgetownTownship of H. 6

or

Inc. Town of

or

City of

(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

No. 10.—For this register only

3035

Registration District No. 2104Registered No. 5
(For use of Local Registrar)

(2) Full Name of Child

Charlie King

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

(a) SEX OR <u>MALE</u>	(b) Twin or Triplet To be reported only in case of Twin or Triplet	(c) Number in order of birth	(d) Age in years months	(e) DATE OF BIRTH <u>Feb 10 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(1) FULL NAME Charlie King

(2) PRESENT POSTOFFICE OF FATHER Rhens S C

(3) COLOR OR RACE negro

(4) BIRTHPLACE Georgetown Co

(5) OCCUPATION Farmer

(6) AGE AT LAST BIRTHDAY 40
(Year)

(7) Number of children born to mother, including present birth 1

MOTHER.

(1) NAME BEFORE MARRIAGE Lue Brackins

(2) PRESENT POSTOFFICE OF MOTHER Rhens S C

(3) COLOR OR RACE negro

(4) BIRTHPLACE Georgetown Co

(5) OCCUPATION House girl

(6) AGE AT LAST BIRTHDAY 18
(Year)

(7) 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) E. L. King
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rhens S CGiven name added from a supplemental report
(26) Witness E. H. Williams
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 10 1923 (28) E. L. King 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.