

## (1) PLACE OF BIRTH

County of LeeTownship of Stetson Bridgeor  
Inc. Town of .....

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

90752

Registration District No. 3008 Registered No. 87

(For use of Local Registrar)

(2) Full Name of Child Jesse May King

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>4</u>	(6) Are Parent Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 24, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME <u>Weston King</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Bishopville S.C.</u>	(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>	(12) BIRTHPLACE <u>Darlington Co</u>	(13) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>4</u>
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## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Linda Sampson</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bishopville S.C.</u>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Darlington Co</u>	(19) OCCUPATION <u>Housewife</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Becky Scott(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Bishopville 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 Jan 6, 1917(28) CHP

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.

NOT TO BE REPRODUCED FOR BINDING.  
 WITH PLAIN, WITH UNPLAIN, THIS IS A PERMANENT RECORD.  
 N.B.—In case of twins or triplets, use a separate card for each child and mark the  
 first-born, No. 1, the other, No. 2, etc., in question 5.  
 McGraw-Hill of Columbia