

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66510

County of WigginTownship of Bogansville

or

Inc. Town of

or

City of

Registration District No. 4401Registered No. 24

(For use of Local Registrar)

(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 Joseph Paul Kingmark

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 14, 1906

(Month) (Day) (Year)

FATHER

(8) FULL NAME John Kingmark(9) PRESENT POSTOFFICE OF FATHER Buffalo(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 37

(Years)

(12) BIRTHPLACE Union Co. S.C.(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Vera Gregory(15) PRESENT POSTOFFICE OF MOTHER Buffalo(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 29

(Years)

(18) BIRTHPLACE Union Co. S.C.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) M. C. Kingmark(24) State whether Physician or Midwife (25) Address of Physician or Midwife Buffalo

Given name added from a supplemental report

131....

Registrar

(26) Witness Mrs. Roy D. Lancaster

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 16, 1906

(28)

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.

WHITE PLAINLY, WITH ENVELOPING ENVELOPE—THIS IS A PERMANENT RECORD. M.R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.

City of Columbia