

(1) PLACE OF BIRTH

County of

Township of

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

File No.—for State Register Only

703

Registration District No.

Registered No.

(For use of Local Registrar)

Ward

2) Full Name of Child

Francis Edmund King

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are parents married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

Koz Lu King

(9) PRESENT POSTOFFICE OF FATHER

McBee SC R

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

73

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Lucy Hartman

(15) PRESENT POSTOFFICE OF MOTHER

McBee SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housework

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

7

(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 born on the date above stated.

(23) Signature

H. H. H. H.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

H. H. H. H.

Given name added from a supplemental report

201

Registrar

(26) Witness

(Signature of Witness necessary only when question 25 is signed "Midwife")

(27) Date

Jan 25 1923

(28) Signature

H. H. H. H.

(Local Registrar)

When there was no attending physician or midwife, then the father, headholder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired or submitted before the sixth month of pregnancy.

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