

(1) PLACE OF BIRTH

County of AndersonTownship of Brooklyor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Israel Harrison King

File No.—For State Registrar Only

17497

Registration District No. Registered No. 32
(For use of Local Registrar)

(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 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William King(9) PRESENT POSTOFFICE OF FATHER Benton S.C. R#2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44
(Years)(12) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Strickland(15) PRESENT POSTOFFICE OF MOTHER Benton S.C. R#2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
(Years)(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:15 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. H. Smith(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson 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 July 10 1922 (28) W. E. Campbell
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.

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