

MARGIN RESERVED FOR HINDING
 WHITE PLAINS
 N. B.—In case of TWINS OR
 FIRST-BORN
 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.

(1) PLACE OF BIRTH

County of Anderson
 Township of Centerville
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

3018

Registration District No. 303

Registered No. 12
 (For use of Local Registrar)

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

(2) Full Name of Child

Joe King

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

1) BOY OR GIRL Boy 2) Twin or Triplet ☒ 3) Number in order of birth 1 4) Are Parents Married? Yes 5) DATE OF BIRTH June 8, 1920
 To be answered only in case of Twins or Triplets (Date of Month) (Day) (Year)

FATHER

6) FULL NAME Robert Luther King
 7) PRESENT POSTOFFICE OF FATHER Anderson, S.C. R.F.D. #
 8) COLOR OR RACE W 9) AGE AT LAST BIRTHDAY 48 (Years)
 10) BIRTHPLACE Anderson Co.
 11) OCCUPATION Farmer
 12) Number of children born to mother, including present birth IX

MOTHER

13) NAME BEFORE MARRIAGE Viola King
 14) PRESENT POSTOFFICE OF MOTHER Anderson S.C. R.F.D.
 15) COLOR OR RACE W 16) AGE AT LAST BIRTHDAY 43 (Years)
 17) BIRTHPLACE Anderson Co. S.C.
 18) OCCUPATION Housewife
 19) Number of children of this mother now living, including present birth VIII

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 7:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(21) (Signature) Olga V. Smith (22) Address of Physician or Midwife Anderson S.C.
Physician

Given name added from a supplemental report:

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

(24) Filed 21022 (25) 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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