

(1) PLACE OF BIRTH

County of AndersonTownship of Hutton

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health55-1-10-10-10-10
30924Registration District No. 300Registered No. 14

(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 Charles William King

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

(a) SEX OF CHILD Boy (b) Type of Birth To be reported only in case of Twin or Triplet (c) Number in order of birth 1st (d) Age of Parents 24 (e) DATE OF BIRTH 10-25-28 (f) Name of Child (g) Sex (h) Age

FATHER. MOTHER.

(a) NAME William Harris King (b) NAME BEFORE MARRIAGE William Harris King(c) PRESENT RESIDENCE OF FATHER Williamston S.C. (d) PRESENT RESIDENCE OF MOTHER Williamston S.C.(e) COLOR White (f) AGE AT LAST BIRTHDAY 28 (g) COLOR White (h) AGE AT LAST BIRTHDAY 28(i) BIRTHPLACE Anderson Co. (j) BIRTHPLACE Anderson Co.(k) OCCUPATION Farmer (l) OCCUPATION Anderson Co.(m) Number of children born to mother, including present one 12 (n) Number of children of this mother now living, including present one 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was, born alive on the date above stated. (2) Name of Physician or Midwife Dr. J. A. M. Colbert (3) Address of Physician or Midwife Hutton S.C.(4) Signature of Physician or Midwife Dr. J. A. M. Colbert (5) Address of Physician or Midwife Hutton S.C.(6) Signature of Registrar J. T. King (7) Address of Registrar Hutton S.C.(8) Signature of Registrar J. T. King (9) Address of Registrar Hutton S.C.(10) Signature of Registrar J. T. King (11) Address of Registrar Hutton S.C.(12) Signature of Registrar J. T. King (13) Address of Registrar Hutton S.C.(14) Signature of Registrar J. T. King (15) Address of Registrar Hutton S.C.(16) Signature of Registrar J. T. King (17) Address of Registrar Hutton S.C.