(1) PLACE OF BIRTH

County of Clarendon

Township of Summerton

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

Registration District No. 1315 Registered No. 3
(For use of Local Registrar)

File No.—For State Registrar Only
883

(2) Full Name of Child Baby Girl McCray King (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month of) (Day) (Year)
girl			yes	January 8 1922

FATHER	MOTHER
(8) FULL NAME Sam King	(14) NAME BEFORE MARRIAGE Francis McCray
(9) PRESENT POSTOFFICE OF FATHER Manning S.C. R.F.D.	(15) PRESENT POSTOFFICE OF MOTHER Manning S.C. R.F.D.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farm hand	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 1	(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 alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Judy Montgomery

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Reynolds S.C.

Given name added from a supplemental report ..... 19 ..... Registrar.

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 10 1922 (28) S. S. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.