

OF BIRTH

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

File No.—For State Registrar Only  
**14822**

Child of *Lee*  
born of *Bishopville*  
or

Registration District No. *309*

Registered No. ....  
(For use of Local Registrar)

(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

Full Name of Child *Julius Hilton King*

(7) DATE OF BIRTH *Jan 22, 1923*  
(Name of Month) (Day) (Year)

(4) Twin or Triplet? ☒  
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *Yes*

FATHER.

(1) NAME *J. E. King*

(2) PRESENT POSTOFFICE *Bishopville S.C.*

(3) COLOR *white*

(4) BIRTHPLACE *Darlington Co*

(5) OCCUPATION *employed filling station*

(6) Number of children born to mother, including present birth *2*

(14) NAME BEFORE MARRIAGE *Margaret Edna Lutz*

(15) PRESENT POSTOFFICE OF MOTHER *Bishopville S.C.*

(16) COLOR OR RACE *white*

(17) BIRTHPLACE *St Charles S.C.*

(18) OCCUPATION *home duties*

(19) Number of children of this mother now living, including present birth *2*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ... at *9:00* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Camille Boon*  
(24) State whether Physician or Midwife

name added from a supplemental report

(25) Witness *Sallie E. Smith*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Jan 13, 1923* (28) *Wm J. Laney* Local Registrar

Registrar  
If a child breathes even once, it is to be reported as stillborn. No report is desired of stillbirths in the fifth month of pregnancy.