

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child

3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH

May 8 23
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Abram King

9) PRESENT POSTOFFICE OF FATHER

Eckes, S C

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

46
(Years)

(12) BIRTHPLACE

S C

(13) OCCUPATION

Farm Hand

20) Number of children born to mother, including present birth

14

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarahann Mott

(15) PRESENT POSTOFFICE OF MOTHER

Eckes, S C

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17
(Years)

(18) BIRTHPLACE

S C

(19) OCCUPATION

Wife and Helper

(21) Number of children of this mother now living, including present birth

14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... M., on the date above stated.

(23) (Signature)

(24) State whether

Physician or Midwife

Given name added from a supplemental report

(25) Witness

Signature of Witness necessary only when question 23 is signed by father

(27) Filed

June 12 1923

(28)

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.