

(1) PLACE OF BIRTH

County of WILKINSONTownship of TIMMONSVILLEInc. Town of
or

City of

(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

File No. — For State Registrar Only

17668

Registration District No. 20.1Registered No. 4.5

(For use of Local Registrar)

(2) Full Name of Child Devise Peoples King

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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 25, 1923</u> (Name of Month) (Day) (Year)
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(8) FULL NAME
Marion L. King(9) PRESENT POSTOFFICE OF FATHER
Timmonsville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE
Darlington Co., S.C.(13) OCCUPATION
Telegraph Operator(20) Number of children born to mother, including present birth
Three(14) NAME BEFORE MARRIAGE
Lillis Victoria Peoples(15) PRESENT POSTOFFICE OF MOTHER
Timmonsville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE
Lee Co., S.C.(19) OCCUPATION
House work(21) Number of children of this mother now living, including present birth
Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 2.20 P.M. June 25, 1923
on the date above stated. (Hour A.M. or P.M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed June 25, 1923 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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