

Form No. 1

(1) PLACE OF BIRTH

County of ClarendonTownship of Friendship

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

14371

Registration District No. 1304Registered No. 19
(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.)

(2) Full Name of Child Elizabeth King

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

3 BOY OR GIRL? girl4 Twin or Triplet? No5 Number in order of birth 1(6) Any Previous Marriage? yes

(7) DATE OF BIRTH

May 18 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Henry King9 PRESENT POSTOFFICE OF FATHER Remini, Pa10 COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 37
(Years)12 BIRTHPLACE Clarendon Co13 OCCUPATION Farmer20 Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Laura King(15) PRESENT POSTOFFICE OF MOTHER Remini, Pa(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Clarendon Co(19) OCCUPATION Home & Field(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Johnson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Remini, Pa

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by midwife)

(27) Filed May 21 1922

(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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5.

MEDICAL DEPARTMENT, COLUMBIA, S. C.