

Form No. 1

(1) PLACE OF BIRTH

County of CaldwellTownship of Syrupor
Inc. Town ofor
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
48258Registration District No. 802 Registered No. 14

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 23</u> <u>1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	--	---------------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME Heber Sibley King(9) PRESENT POSTOFFICE OF FATHER Cameron SC(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Caldwell Co(13) OCCUPATION Boxer(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Rebecca Grant(15) PRESENT POSTOFFICE OF MOTHER Cameron SC(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Caldwell Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. H. King

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

Physician Cameron SC

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Feb 23 1916. (28) W. J. Hallen 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.

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
M.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and name the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCraw of Columbia