

## (1) PLACE OF BIRTH

County of ColletonTownship of Wyzwardor  
Inc. 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

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

File No. For State Registrar Only

59475

Registration District No. 1406 Registered No. 20

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 1</u> <small>(Name of Month) (Day) (Year)</small>
FATHER			MOTHER	
(8) FULL NAME <u>Randolph P. King</u>			(14) NAME BEFORE MARRIAGE <u>Miss Shephard</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>White Hall</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>White Hall</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Windsorville SC</u>			(18) BIRTHPLACE <u>Windsorville SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at the date above stated.  
(Born alive or stillborn)(23) (Signature) Randolph P. King(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Windsorville SC

Given name added from a supplemental report

Registrar

(26) Witness  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 9, 1916 (28) W. B. Davis  
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 N. No. 1. THE OTHER, No. 2, etc., in question 5.